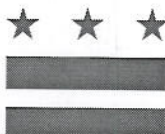


GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Office of Contracting and Procurement  
Human Care Services



August 17, 2007

Re: District of Columbia Human Care Agreements: Residential Treatment Services

Dear Prospective Providers:

The Human Care Agreement process allows the District to identify and pre-qualify prospective Providers of an array of services, including the specialized residential treatment services, to meet the District's needs, pursuant to 27 DCMR, Chapter 19, Section 1905.6, as amended. Specialized residential treatment services are being solicited through this Request for Qualifications (RFQ); issued by the Office of Contracting and Procurement (OCP) of the District of Columbia.

A completed *Contractor's Qualification Record* (CQR) form (Attachment # 2) including supporting documentation is required to be submitted for consideration to receive a Human Care Agreement. The CQR and supporting documentation must provide the District, sufficient crucial information to determine the provider's financial and professional responsibility to provide the required specialized residential treatment services. Prospective providers are directed to page 1, General Instructions, of the CQR, for instructions on completing the CQR.

Each prospective provider must complete and submit Section B of the Human Care Agreement, page 3, 4, and 5 to document its proposed service rate to provide the specialized residential treatment services as indicated in the attached solicitation.

All compliance documents (Attachments 9, 10, and 11) listed in Section F of the Human Care Agreement must also be completed and submitted along with the CQR by the time indicated in the RFQ.


Each potential provider shall include a Program Description(s) consistent with the service delivery area(s) identified in Section C of the Human Care Agreement, Sections V and VI of the CQR.

The solicitation package is available for pick-up from the bid counter of the Office of Contracting and Procurement at 441 4<sup>th</sup> Street, NW, Suite 703 South, Washington, DC 20001. The initial closing of the solicitation is at 2:00 p.m. local time, on September 17, 2007, for the initial evaluation of qualified Providers. Henceforth, CQRs will be accepted on an on going basis through September 17, 2008 and will be evaluated at a minimum quarterly to fulfill the District's additional needs.

Prospective Providers must submit an original and six (6) copies of their CQR in a sealed envelope, conspicuously marked "Response to Solicitation No. DCJZ-2007-H-0053: " Residential Treatment Services" Submission must be received at the bid counter at 441 4th Street NW, Suite 703 South, Washington, DC 20001 not later than 2:00 p.m. local time, on September 17, 2007 for the initial evaluation to be considered for award of a human care agreement. Faxed copies will not be accepted in lieu of a hard copy.

Should you have any questions, please contact Mr. Dwight Hayes, Contract Specialist at (202) 724-5278.

Sincerely,

  
Rotimi Osunsan, CPPB, CPM  
Contracting Officer



# Government of the District of Columbia



## HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

### STATUTORY AND REGULATORY AUTHORITY

**The Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155) authorizes the District of Columbia Chief Procurement Officer, or his or her designee, to award human care agreements for the procurement of social, health, human, and education services directly to individuals in the District. The Human Care Agreement Contractor Qualifications Record (CQR) is an application package that will facilitate the process of pre-qualifying contractors for a human care agreement with the District of Columbia in accordance with D.C. Law 13-155 and Chapter 19, 27 DCMR, the regulations.**

### GENERAL INSTRUCTIONS

1. Please read and complete each section of the Human Care Agreement Contractor Qualifications Record form. All information must be completed in the spaces provided, or marked "N/A."
2. An original signature must be provided in those sections where a signature is required. Copies or a stamped signature **is not** acceptable.
3. Included in the package that will be provided to you will be a copy of the "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts", dated November 2004. Please read this document carefully before you complete the Contractor's Qualifications Record. The "Standard Contract Provisions For Use With District of Columbia Government Supply and Services Contracts," dated March 2007, will be incorporated by reference into each Human Care Agreement that is entered into between a contractor that will provide human care services and the District of Columbia.
4. Also included in the package that will be provided to you will be forms required by the Department of Small and Local Business Development. You must complete those forms and return them with your package to make it complete and for you to be considered for a Human Care Agreement. The forms are for:
  - a. Compliance with Section 5 of Mayor's Order 85-85, "Equal Opportunity Obligations in Contracts" and
  - b. Compliance with Equal Opportunity for Local, Small and Disadvantaged Business Enterprises Amendment Act of 1998, as amended (D.C. Laws 12-268 and 13-169).
5. You may use Section VIII, the "Remarks Section", on page 6, to provide additional information or to expand on information that is provided in response to the request for information.
6. Please include and attach all information, documentation, and data as instructed and required.
7. In those instances where check boxes are provided, please check only the box or boxes which apply.

### CHECKLIST

<input type="checkbox"/>	Did you include your Taxpayer Identification Number?	<input type="checkbox"/>	Did you attach a copy of your most recent Financial Statement?
<input type="checkbox"/>	Did you attach the information required In Section III, Disclosure Information, on page 2?	<input type="checkbox"/>	Did you attach a copy of all licenses and certifications, including any specialty certifications?
<input type="checkbox"/>	Did you list all personnel critical to the performance of your Organization in Section VI	<input type="checkbox"/>	Are you providing a facility? Then, did you attach a copy of the Certificate of Occupancy for each facility?
<input type="checkbox"/>	Did you attach a Certificate of Incorporation, if applicable?	<input type="checkbox"/>	Did you attach a Certificate of Good Standing, if applicable?
<input type="checkbox"/>	Did you attach a copy of your LSDBE certification, if applicable?	<input type="checkbox"/>	Did you attach or include your salary history, if applicable?

### FREQUENTLY ASKED QUESTIONS

<b>Q</b>	Can I fax my application for processing?	<b>A</b>	No. Contractor Qualifications Records must contain original, not copied signatures.
<b>Q</b>	Is this form available electronically?	<b>A</b>	Yes, the Contractor Qualifications Record (CQR) is available on the Office of Contracting and Procurement web site, <a href="http://www.ocp@dc.gov">www.ocp@dc.gov</a> .
<b>Q</b>	Who or what is an Individual?	<b>A</b>	The term "individual" means a human person who may be licensed, certified, or otherwise authorized or qualified to perform or provide specific human care services. The individual may be solo practitioner or a part of a group.

<b>Q</b>	Who or what is an Organization?	<b>A</b>	The term "organization" means an entity, other than an individual, that is licensed, certified, or otherwise authorized, or qualified, to provide or perform human care services in the normal course of business. The license, certification, or other recognition is granted to the organization entity. Individual owners, managers, or employees of the organization may also be certified, licensed, or otherwise recognized as individual providers in their own right. Examples may include a corporation, joint venture, clinic, hospital, or partnership.



Government of the District of Columbia



HUMAN CARE AGREEMENT CONTRACTOR QUALIFICATIONS RECORD

<b>1. DATE OF FILING</b>  / /		<b>2. FILING TYPE:</b> <input type="checkbox"/> NEW REMOVAL <input type="checkbox"/> UPDATE <input type="checkbox"/> CORRECTION <input type="checkbox"/>		<b>FOR OCP USE ONLY:</b> <b>DATE RECEIVED BY OCP:</b>	
<b>SECTION I – GENERAL INFORMATION</b>					
<b>1. NAME OF INDIVIDUAL/ ORGANIZATION</b> a. Name: b. Title: c. Physical Street Address: d. City, State & Zip Code:		<b>2. TYPE OF ORGANIZATION</b> <i>(Please check the appropriate box.)</i> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED PARTNERSHIP			
		<b>3. STATE OF INCORPORATION</b> <i>(Please check the appropriate box.)</i> <input type="checkbox"/> DISTRICT OF COLUMBIA <input type="checkbox"/> COMMONWEALTH OF VIRGINIA <input type="checkbox"/> STATE OF MARYLAND <input type="checkbox"/> STATE OF DELAWARE <input type="checkbox"/> OTHER: _____ Date Of: _____			
e. Office Phone: f. Office Facsimile No:		<b>3. IS ORGANIZATION?</b> <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NON-PROFIT			
g. E-Mail:					
<b>5. SOCIAL SEC. / TAXPAYER ID NO:</b>		<b>6. DUNN &amp; Bradstreet No:</b>		<b>7. ARE YOU OR THE ORGANIZATION CERTIFIED IN D.C. AS?</b> <input type="checkbox"/> Small <input type="checkbox"/> Local <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Resident-Owned <input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Longtime Resident	
<b>SECTION II – FINANCIAL RESPONSIBILITY INFORMATION</b> <i>(Please Provide and Attach a Copy of Your Most Recent Financial Statement.)</i>					
<b>1. Name and Address of Accountant:</b>		<b>2. Name and Address of Financial Institution:</b>			
<b>3. Name and Title of Contact Person:</b>		<b>4. Name and Title of Contact Person:</b>			
<b>5. Telephone No.:</b>		<b>6. Fax No.:</b>		<b>7. Telephone No.:</b>	
				<b>8. Fax No.:</b>	
<b>9. Date Of Attached Financial Statement (Must be Within Last 12 Months):</b>		<b>10. Do You/Organization Owe Any Outstanding District/Federal Taxes:</b> District Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES - Federal Taxes: <input type="checkbox"/> NO <input type="checkbox"/> YES			
<b>11. MEDICAID – MEDICARE INFORMATION:</b> a. Are You / Organization a Certified Medicaid Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicaid Number: _____ Date: _____ b. Are You / Organization a Certified Medicare Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO Medicare Number: _____ Date: _____					
<b>SECTION III – DISCLOSURE INFORMATION</b> <i>(If yes to any questions below, please explain fully in REMARKS SECTION, or attach a separate statement. )</i>					



1.	Have you or the Organization ever been debarred, suspended or sanctioned from any state or federal program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is your license, or any in the organization currently suspended or restricted in any way?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Have you or the principals of the Organization ever been, indicted, convicted of or pled guilty to a crime (excluding minor traffic citation), or been imprisoned for a crime in the past 10 years.:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Are there any judgments, or pending civil lawsuits, or investigations against you or the Organization, or its principals?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you or the Organization ever had any outstanding criminal fines, restitution orders, or overpayments identified in the District or any state?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Are you, or is anyone in your organization, related by blood or marriage to any individual employed by the District government?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION IV – ORGANIZATION HISTORY, BACKGROUND AND EXPERIENCE

### 1. List All Contracts With the District Government Within the Past Five (5) Years:

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

(Please Use and Attach a Separate Sheet for Additional Items.)

### 2. List All Contracts With Other Governments or Private Institutions Within the Past Five (5) Years:

	Agency	Description of Service	Amount	Dates	Contract Number
A				to	
B				to	
C				to	
D				to	
E				to	

(Please Use and Attach a Separate Sheet for Additional Items.)

### 3. If You Are Applying As An INDIVIDUAL, Please List Your Employment Or Work History for past five (5) years:

	Name of Employer	Address	Duties	Name of Supervisor	Dates of Employment	Telephone
A					to	
B					to	
C					to	
D					to	
E					to	
F					to	

(Please Use and Attach a Separate Sheet for Salary History and Additional Items.)

### 4. List At Least Five (5) References Familiar With Service Delivery:

	Name	Title/Position	Affiliation	Telephone	Fax	E-Mail
A						
B						
C						
D						
E						

(Please Use and Attach a Separate Sheet for Additional Items.)

<b>4. ARE YOU A UNITED STATES CITIZEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>5. ARE YOU A PERMANENT RESIDENT?</b> <i>(Please Attach Documentation To Support)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>6. IF YOU ARE NOT A CITIZEN, CAN YOU PROVIDE AND SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</b> <i>(Please Attach Documentation To Support.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--

### SECTION V – EDUCATION, CREDENTIALS AND LICENSURE

1. Please List All Colleges (Undergraduate and Graduate) and Professional Institutions Attended:					
	Chief Study Subject Area	Name of College, University or Professional School	Address and Zip Code	Dates Attended	Date And Type Degree Awarded
A				To	
B				To	
C				To	
D				To	
E				To	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

2. Please List All Professional Certifications and Licenses (Copies Must Be Attached):						
	License/Certification	Agency/Entity	State	Number	Effective Dates	Date Issued
A					to	
B					to	
C					to	
D					to	
E					to	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

3. Please List All Specialty, Certifications and Licenses (Copies Must Be Attached):						
	Specialty License/Certification	Agency /Entity	State	Number	Effective Dates	Date Issued
A					to	
B					to	
C					to	
D					to	

*(Please Use and Attach a Separate Sheet for Additional Items.)*

<b>4. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY LICENSE, CERTIFICATION OR CREDENTIAL REVOKED OR SUSPENDED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)</i> <i>(Please Use and Attach a Separate Sheet for Additional Items.)</i>
---

5. Please list any hospital affiliations or privileges below:						
	Name of Individuals(s)	Name of Hospital	Address	Type Privilege/Affiliation	Telephone	Fax No.
A						
B						
C						
D						

(Please Use and Attach a Separate Sheet for Additional Items.)

6. HAVE YOU OR ANY MEMBER OF THE ORGANIZATION EVER HAD ANY HOSPITAL PRIVILEGES REVOKED, FOR ANY REASON? ☐ YES ☐ NO

(If yes, please explain in REMARKS SECTION, or attach a detailed explanation, including dates, type of license, certification, credential and all circumstances surrounding the event(s).)

**SECTION VI – SERVICE DATA AND INFORMATION****1. GENERAL SERVICE CATEGORIES:** Please Check Each Of The General Service Categories For Which You Or The Organization Are Applying.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Education (EDS)         | <input type="checkbox"/> Human Services (HUM) | <input type="checkbox"/> Social Services (SOC)        |
| <input type="checkbox"/> Special Education (SED) | <input type="checkbox"/> Mental Health (MEN)  | <input type="checkbox"/> Youth/Juvenile Justice (JUV) |
| <input type="checkbox"/> Health (HTH)            | <input type="checkbox"/> Psychology (PSY)     | <input type="checkbox"/> _____                        |

**2. POPULATIONS:** Please Check All That Apply For Populations.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Children & Youth (CYG)             | <input type="checkbox"/> Adults (ADT)                     | <input type="checkbox"/> Developmentally Disabled (DVD) | <input type="checkbox"/> Homeless (HLS)         |
| <input type="checkbox"/> Children & Youth-Detained (CYD)    | <input type="checkbox"/> Adult Forensic-Psychiatric (AFP) | <input type="checkbox"/> Geriatric (GER)                | <input type="checkbox"/> Multicultural (MLT)    |
| <input type="checkbox"/> Children & Youth-Committed (CYC)   | <input type="checkbox"/> Adult Forensic-Correctional (FC) | <input type="checkbox"/> Pregnant Women (PGW)           | <input type="checkbox"/> HIV/AIDS (HIV)         |
| <input type="checkbox"/> Children & Youth-Supervision (CYS) | <input type="checkbox"/> Physically Disabled (DIS)        | <input type="checkbox"/> Hearing Impaired (HIM)         | <input type="checkbox"/> Dually Diagnosed (DUD) |
| <input type="checkbox"/> Special Education (SED)            | <input type="checkbox"/> Mentally Retarded (MRD)          | <input type="checkbox"/> Blind/Visually Impaired (BLD)  | <input type="checkbox"/> _____                  |

**3. SETTING CODES:** Please Check The Settings Where You Or The Organization Can Or Will Provide Service.*(If You Or The Organization Has A Facility, Then A Certificate of Occupancy Must Be Included and Attached.)*

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Addiction Treatment Facility (ADF) | <input type="checkbox"/> Foster Care Home (FCH)          | <input type="checkbox"/> Homeless Shelter (HOS)        | <input type="checkbox"/> Nursing Care Facility (NCF)         |
| <input type="checkbox"/> Ambulatory Care/Surg Center (AMB)  | <input type="checkbox"/> Detention Facility–Youth (DFY)  | <input type="checkbox"/> In the Field (FLD)            | <input type="checkbox"/> Outpatient Clinic (OTC)             |
| <input type="checkbox"/> Child Development Center (CDC)     | <input type="checkbox"/> Detention Facility –Adult (DFA) | <input type="checkbox"/> Inpatient-Psychiatric (INP)   | <input type="checkbox"/> Private Home (PRH)                  |
| <input type="checkbox"/> Comm Day Program (CDP)             | <input type="checkbox"/> Dialysis Center (DIA)           | <input type="checkbox"/> Inpatient-Medical (INM)       | <input type="checkbox"/> Provider's Office or Facility (POF) |
| <input type="checkbox"/> Comm Health Center (CHC)           | <input type="checkbox"/> Group Home –Youth (YGH)         | <input type="checkbox"/> Intermed Care Center-MR (IMR) | <input type="checkbox"/> School (SCH)                        |
| <input type="checkbox"/> Comm Residential Facility (CRF)    | <input type="checkbox"/> Group Home-MR (MGH)             | <input type="checkbox"/> Laboratory (LAB)              | <input type="checkbox"/> _____                               |
| <input type="checkbox"/> Crisis Center (CRC)                |  |  |  |

**4. SPECIFIC SERVICE CATEGORIES:** Please Check the Specific Service Categories That Apply To You or The Organization in which you are qualified, including licenses, or certified, to provide services:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Addiction Treatment Services (ADT)          | <input type="checkbox"/> Dental Services (DEN)               | <input type="checkbox"/> Personal Care Services (PCS)        |
| <input type="checkbox"/> Allergy (ALG)                               | <input type="checkbox"/> Dialysis Services (DIA)             | <input type="checkbox"/> Physical Therapy (PTH)              |
| <input type="checkbox"/> Addiction Treatment Services (ADT)          | <input type="checkbox"/> Early Childhood Intervention (ECI)  | <input type="checkbox"/> Podiatry (POD)                      |
| <input type="checkbox"/> Assessment/Diagnosis (ASS)                  | <input type="checkbox"/> EPSDT Screening (EPS)               | <input type="checkbox"/> Pre-Natal Services (PNA)            |
| <input type="checkbox"/> Audiology (AUD)                             | <input type="checkbox"/> Family Services (FAM)               | <input type="checkbox"/> Psychological Services (PSC)        |
| <input type="checkbox"/> Assessment Diagnosis (ASD)                  | <input type="checkbox"/> Homemaker Services (HOM)            | <input type="checkbox"/> Psychiatric (PSY)                   |
| <input type="checkbox"/> Birthing Services (BIR)                     | <input type="checkbox"/> Dental Hygienist (DHY)              | <input type="checkbox"/> Recreation Therapy (RTH)            |
| <input type="checkbox"/> Case Management-Family Services (CMF)       | <input type="checkbox"/> Laboratory Screening Services (LAB) | <input type="checkbox"/> Respiratory Care Services (RES)     |
| <input type="checkbox"/> Case Management-Medical (CMM)               | <input type="checkbox"/> Mental Health (MEN)                 | <input type="checkbox"/> Respite Care (RSC)                  |
| <input type="checkbox"/> Case Management-Social (CMS)                | <input type="checkbox"/> Midwifery (MID)                     | <input type="checkbox"/> Supported Employment Services (SES) |
| <input type="checkbox"/> Child Care Services (DAY)                   | <input type="checkbox"/> Music Therapy (MTH)                 | <input type="checkbox"/> Social Worker Services (SWS)        |
| <input type="checkbox"/> Chore Services (CHR)                        | <input type="checkbox"/> Neurology (NEU)                     | <input type="checkbox"/> Speech Therapy (STH)                |
| <input type="checkbox"/> Consulting (CON)                            | <input type="checkbox"/> Nutrition and Dietary (NUT)         | <input type="checkbox"/> Transportation Services (TRS)       |
| <input type="checkbox"/> Counseling Services (CSL)                   | <input type="checkbox"/> Occupational Therapy (OTH)          | <input type="checkbox"/> Visiting Nurse (home) (VIS)         |
| <input type="checkbox"/> Crisis Intervention Services (CRI)          | <input type="checkbox"/> Optometry (OPT)                     | <input type="checkbox"/> Vocational Rehabilitation (VOC)     |
| <input type="checkbox"/> Day Treatment Services (Habilitation) (DTR) | <input type="checkbox"/> Pediatric (PED)                     | <input type="checkbox"/> _____                               |

**5. LICENSURE AND CERTIFICATION CATEGORIES:** Please Check All of the Licensure and Certification categories that Apply to You or the Organization in which you are qualified, And Are Licensed Or Certified To Provide Services:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acupuncture Therapist (ACC)              | <input type="checkbox"/> Massage Therapy (MAS)          | <input type="checkbox"/> Physician (DOC)               |
| <input type="checkbox"/> Advanced Practice Registered Nurse (ARN) | <input type="checkbox"/> Naturopathy (NAT)              | <input type="checkbox"/> Physician Assistant (PAS)     |
| <input type="checkbox"/> Architect (ARC)                          | <input type="checkbox"/> Nurse-Anesthetist (RNA)        | <input type="checkbox"/> Podiatrist (POD)              |
| <input type="checkbox"/> Audiologist (AUD)                        | <input type="checkbox"/> Nurse-Midwife (RNM)            | <input type="checkbox"/> Practical Nursing (LPN)       |
| <input type="checkbox"/> Certificate of Occupancy (COO)           | <input type="checkbox"/> Nurse Practitioner (RNP)       | <input type="checkbox"/> Professional Counseling (PRO) |
| <input type="checkbox"/> Child Development (CHD)                  | <input type="checkbox"/> Nutritionist & Dietician (NUT) | <input type="checkbox"/> Psychologist (PSC)            |
| <input type="checkbox"/> Dental Hygienist (DHY)                   | <input type="checkbox"/> Obstetrician (OBS)             | <input type="checkbox"/> Psychiatrist (PSY)            |
| <input type="checkbox"/> Dentist (DEN)                            | <input type="checkbox"/> Occupational Therapist (OTH)   | <input type="checkbox"/> Registered Nurse (RNN)        |
| <input type="checkbox"/> Chiropractor (CHP)                       | <input type="checkbox"/> Optometrist (OPT)              | <input type="checkbox"/> Respiratory Care (RES)        |
| <input type="checkbox"/> Foster Care Provider (FOS)               | <input type="checkbox"/> Ophthalmology (OPG)            | <input type="checkbox"/> Social Worker-Clinical (SWC)  |
| <input type="checkbox"/> Funeral Directors (FUN)                  | <input type="checkbox"/> Pharmacist (PHM)               | <input type="checkbox"/> Social Worker (SWS)           |
| <input type="checkbox"/> Gynecology (GYN)                         | <input type="checkbox"/> Physical Therapist (PTH)       | <input type="checkbox"/> _____                         |

**6. LANGUAGE SKILLS:** Please Check All that Apply for Your Or The Organization's Language Skills:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> English (ENG)                      | <input type="checkbox"/> French (FRN)         | <input type="checkbox"/> Chinese–Cantonese (CCA)   |
| <input type="checkbox"/> Spanish (SPN)                      | <input type="checkbox"/> Haitian Creole (CRE) | <input type="checkbox"/> Chinese-Mandarin (CMA)    |
| <input type="checkbox"/> International/Universal Sign (SGN) | <input type="checkbox"/> Vietnamese (VTN)     | <input type="checkbox"/> Ethiopian (Amharic) (AMH) |
| <input type="checkbox"/> Italian (ITL)                      | <input type="checkbox"/> Korean (KOR)         | <input type="checkbox"/> _____                     |

**SECTION VII – PERSONNEL CRITICAL TO ORGANIZATION PERFORMANCE****1. Please list All of the Personnel In your Organization Who Are Critical To organization Performance. Please List Officers, Clinical Directors, Medical Directors, Service Supervisors, and Sub-Contractors Essential to the Performance of Services in this Qualifications Record and Attach Resumes Coded to this Section. Attach Any Copies of Licenses, Certifications, or Credentials Where Applicable.:**

	Name	Title/Position	Affiliation	Telephone	Fax	E-Mail
A						



B						
C						
D						

**SECTION VIII – REMARKS SECTION**

1. Please use this section to respond to or to continue to response to any previous question, or request for information. In addition, please feel free to use this section to provide additional information vital to determining your or the organizations qualifications to enter into a Human Care Service Agreement with the District of Columbia

**SECTION IX – CERTIFICATIONS AND INCORPORATIONS BY REFERENCE**

**1. DRUG-FREE WORKPLACE CERTIFICATION:** *Please provide Certification That You Or The Organization Does Or Will Operate In A Drug-Free Manner.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, affirm and provide certification that I/We have received and have read the requirements on having and maintaining a Drug-Free Workplace in the District of Columbia, agree to be bound by those requirements and the remedies stated in the requirements, and further certify that I/We realize that making a false, fictitious, or fraudulent certification may render the maker subject to prosecution under Title 18, United States Code, Section 1001.

Name (Please Print)	Title	Signature	Date

*(May be signed on behalf of individual or organization.)*

**2. STANDARD CONTRACT PROVISIONS FOR USE WITH DISTRICT OF COLUMBIA SUPPLY AND SERVICES CONTRACTS:** *Please provide Certification That You Or The Organization Agree To Be Bound By the Standard Contract Provisions of the District of Columbia.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, affirm and provide certification that I/we have received and have read the Standard Contract Provisions For Use With District of Columbia Government and Supply Contracts ("Standard Contract Provisions"), dated November 2004, and agree to be bound by all of the provisions, including The requirements of the Occupational Safety and Health Act of 1970 (as amended), the Service Contract Act of 1965 (41 U.S.C. 351-358), the Buy America Act (41 U.S.C.), and the Non-Discrimination provisions. Further, I/We agree and understand that the Standard Contract Provisions shall be Incorporated by reference into any contract or agreement that shall be signed between Me, or My Organization, and the District of Columbia.

Name (Please Print)	Title	Signature	Date

**3. INFORMATION CONSENT:** *Please Provide Certification That You Or The Organization Provide Consent To The District To Obtain Additional Information As Needed.*

I/We, \_\_\_\_\_ of \_\_\_\_\_

Hereby give, provide and express my consent for representatives of the Office of Contracting and Procurement, Government of the District of Columbia, to obtain any information from any professional organization, business entity, individual, government agency, or academic institution concerning the Professional license status or certification referenced in this document. This material shall be held, maintained and updated by the Office of Contracting and Procurement. I further understand that the Office of Contracting and Procurement will use this information solely for internal purposes pertaining to the evaluation of the qualifications of individuals and organizations to provide human care services, as appropriate, in the District of Columbia.

Name (Please Print)	Title	Signature	Date
---------------------	-------	-----------	------

SECTION XI – TAX CERTIFICATION AFFIDAVIT

1. TAX CERTIFICATION: Please Provide Certification That You Or The Organization Is In Tax Compliance In the District of Columbia.

Name of Individual/Organization:

Federal Tax Identification or Social Security No.: DUNS No.:

Office of Tax and Revenue Registration No.:

Unemployment Insurance Account No.:

Names and Addresses of Principal Officers of Corporation: 1.

2.

3.

I / We, hereby certify That:

1. I / We have complied with the applicable tax filing and licensing requirements of the District of Columbia.

2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

District:

Sales and Use

Employer Withholding

Unemployment Insurance

Hotel Occupancy

Corporation Franchise

Unincorporated Franchise

Personal Property

Professional License

Arena/Public Safety Fee

Vendor Fee

Real Property

Current

Not Current

Not Applicable

☐

☐

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☐

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District of Columbia Human Care Agreement Contractor Qualifications Record
Page 12

DCOCP FORM 1900-V11205

3. If not current, as checked in paragraph 2, I am / We are in compliance with a payment agreement with the Office of Tax and Revenue, Office of the Chief Financial Officer. *(Please Attach A Copy of the Agreement.)* ☐ YES ☐ NO
4. If no outstanding liabilities exists and no agreement has been made, please attach a listing of all such liabilities. The Office of Tax and Revenue also requires:
- (A) Copies of Form FR 532 (Notice of Registration) or a copy of Form FR-500 (Combined Registration).
- (B) Copies of cancelled checks for the last tax period(s) filed for each tax liability, i.e., Sales and Use, Employer Withholding, etc.)

The Government of the District of Columbia is hereby authorized to verify the above information with appropriate government authorities. The penalty for making false statements is a fine of not more than \$1,000.00, imprisonment for not more than one (1) year, or both, as prescribed in D.C. Code, section 22-2514. The penalty for false swearing is a fine of not more than \$2,500.00, imprisonment for not more than three (3) years, or both, as prescribed in D.C. Code, section 22-2513.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

SEAL

**SECTION XII – AFFIDAVIT AS TO ACCURATENESS AND TRUTHFULNESS**



I, \_\_\_\_\_ of being duly sworn on oath, certify that  
I am authorized to sign this document and that all of the information contained in this Human Care Agreement Contractor  
Qualifications Record is complete, true and accurate.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

SEAL

## ATTACHMENT 3

Notice of Final Rulemaking, 27 DCMR,  
Chapter 19, Section 1905.6, providing the  
criteria for a determination of responsibility of  
potential Providers

## THE MAYOR OF THE DISTRICT OF COLUMBIA

## NOTICE OF FINAL RULEMAKING

The Mayor of the District of Columbia, pursuant to authority granted by section 202(a) of the District of Columbia Procurement Practices Act of 1985, as amended, ("PPA"), effective February 21, 1986 (D.C. Law 6-85; D.C. Code §1-1182.2(a)), hereby gives notice of the adoption of the following final rules, amending Chapter 19 of Title 27 of the District of Columbia Municipal Regulations (Contracts and Procurements). The rules are intended to implement the Procurement Practices Human Care Agreement Amendment Act of 2000 (D.C. Law 13-155), effective September 16, 2000.

The rules were originally approved as emergency and proposed rules on October 11, 2000, and a second emergency rulemaking was approved on March 23, 2001. No substantive changes have been made to the text of the proposed rules, as published in the Notice of Emergency and Proposed Rulemaking in the *D.C. Register* on October 20, 2000, at 47 DCR 8590, and as published in the Notice of Emergency Rulemaking in the *D.C. Register* on April 6, 2001, at 48 DCR 3138.

The Council of the District of Columbia approved these rules on June 8, 2001, by Resolution No. 14-85, pursuant to section 205(a) of the Procurement Practices Act (D.C. Code §1-1182.5(a)).

## CHAPTER 19

## CONTRACTING FOR SERVICES

*Subsection 1900.4 is amended to read as follows:*

- 1900.4      A contract may be used to provide services including, but not limited to, the following:

(m) Human care services (in accordance with §§1905 to 1908); and

*Sections 1905 through 1908 are amended to read as follows:*

**1905 HUMAN CARE SERVICES**

- 1905.1 The Director shall, at least annually, determine in writing that the human care procurement method is appropriate for contracts for classes of human care services, for which the quantity, rate of utilization, delivery areas, or specific beneficiaries of the services cannot be accurately estimated at the outset of the procurement process.
- 1905.2 The contracting officer shall, at least annually, publicly announce all requirements for human care services in accordance with Chapter 13 of this title, and on the Internet site maintained by the Office of Contracting and Procurement.
- 1905.3 The contracting officer shall give public notice of general requirements for human care services, and issue a request for qualifications on a form prescribed by the Director, inviting interested service providers to respond in writing with a statement of their qualifications to perform the required services.
- 1905.4 The contracting officer shall use the procedures set forth in §§1905 through 1908 of this chapter to procure human care services rather than the solicitation or source selection procedures specified elsewhere in this title.
- 1905.5 Compliance with §§1905 through 1908 of this chapter shall constitute a competitive procedure for the procurement of human care services.
- 1905.6 The contracting officer shall certify the financial and professional responsibility of each potential contractor based on the following criteria:
- (a) The type of business or organization and its history;
  - (b) The resumes and professional qualifications of the business or organization's staff, including relevant professional and/or business licenses, affiliations, and specialties;
  - (c) Information attesting to financial capability, including financial statements;
  - (d) Specialized experience and technical competence in the type of work required;



- (e) Capacity to accomplish the work in the required time;
- (f) A summary of similar contracts awarded to the service provider, and the service provider's performance of those contracts;
- (g) A certification of compliance with all applicable tax and filing requirements;
- (h) A statement attesting to compliance with wage, hour, workplace safety and other standards of labor law;
- (i) A statement attesting to compliance with federal and District equal employment opportunity law;
- (j) Information about pending lawsuits or investigations, and judgments, indictments, or convictions against the service provider or its proprietors, partners, directors, officers, or managers; and
- (k) Acceptability under other appropriate characteristics of a prospective service provider.

**1906 SELECTION OF HUMAN CARE SERVICES PROVIDERS**

**1906.1** Prior to conducting discussions with a service provider who has submitted a statement of qualifications in accordance with §1905.3, the contracting officer shall make a written determination that the service provider is qualified, based on the criteria in §1905.6.

**1906.2** Following pre-qualification of service providers, the contracting officer may:

- (a) Conduct discussions with all qualified service providers, and negotiate a price on a unit rate or fee for service basis using benchmarks and quantifiable measurements that are uniformly applied, including but not limited to each service provider's cost data attributable to provision of the services and consideration of each service provider's maximum customer capacity; and
- (b) Award a human care agreement to one or more service providers to satisfy all or part of the District's anticipated requirements based on the contracting officer's determination that the contract is in the best interest of the District, considering the service provider's qualifications, its capability of providing the service, and a judgment that the price is reasonable.



- 1906.3 The contracting officer shall retain statements of qualifications for approved service providers, and consider those providers for award of human care agreements, for a period of three years, following pre-qualification of the providers.

1907 HUMAN CARE AGREEMENT

- 1907.1 The contracting officer shall include in each human care agreement the following information:

- (a) A statement that the human care agreement is not a commitment to purchase any quantity of a particular service covered under the agreement; and
- (b) A statement that the District is obligated only to the extent that authorized purchases are made pursuant to the human care agreement.

- 1907.2 The contracting officer shall issue a task order for required services under each human care agreement, and secure all appropriate approvals and funding prior to execution of the task order.

- 1907.3 As far as practicable, the contracting officer shall give qualified service providers fair and equal treatment with respect to the issuance of task orders.

1908 VOUCHERS

- 1908.1 Upon a written determination by the Director approving the use of vouchers for a human care contract, the contracting officer following award of the contract may issue vouchers to eligible customers to use for the purchase of human care services.

*Sections 1909 through 1912 are repealed.*

*Section 1999 is amended to read as follows:*

1999 DEFINITIONS

- 1999.1 When used in this chapter, the following words and terms shall have the meanings ascribed:

**Appraisal services** – services performed by an expert licensed by a state, city, county, or other governmental unit which are associated with the purchase and lease of real property relating to the determination of the value of real property.

**Award information** – information regarding the name of the contractor and the amount of the contract award.

**Consultant** – a firm or individual with knowledge and special abilities not generally available to an agency who renders services of a purely advisory nature relating to governmental functions or agency administration and management.

**Consulting services** – services of a purely advisory nature relating to governmental functions, agency administration and management, or program management which are normally provided by persons that are considered to have knowledge and special abilities not generally available within the agency.

**Customer** – a recipient of human care services.

**Expert** – a person with excellent qualifications and a high degree of attainment in a professional, scientific, technical, or other field, whose knowledge and mastery of the principles, practices, problems, methods, and techniques of his or her field of activity, or of a specialized area in the field, are clearly superior to those usually possessed by ordinarily competent persons in that activity, and whose attainment is such that he or she usually is regarded as an authority or as a practitioner of unusual competence and skill by other persons in the profession, occupation, or activity. An expert may be a person who performs or supervises regular duties and operating functions.

**Human care services** – education or special education, health, human, or social services, to be provided directly to individuals who are disabled, disadvantaged, displaced, elderly, indigent, mentally ill, physically ill, unemployed, or minors in the custody of the District of Columbia.

**Task order** – an order for services placed against an established human care agreement.

**Pre-qualification** – the process by which the contracting officer determines whether a prospective service provider under a human care agreement is responsible.

**Voucher** – a written authorization, to a service provider who has been awarded a human care agreement, to provide the services authorized in the agreement and described in the voucher directly to an individual identified in writing.

## ATTACHMENT 4

U.S. Department of Labor Wage Determination  
No. 2005-2103, Revision No. 4, dated July 5,  
2007 issued by the U.S. Department of Labor in  
accordance with the Service Contract Act of 196  
as amended (41 U.S.C. 351)



WD 05-2103 (Rev.-4) was first posted on www.wdol.gov on 07/10/2007

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REGISTER OF WAGE DETERMINATIONS UNDER		U.S. DEPARTMENT OF LABOR
THE SERVICE CONTRACT ACT		EMPLOYMENT STANDARDS ADMINISTRATION
By direction of the Secretary of Labor		WAGE AND HOUR DIVISION
		WASHINGTON D.C. 20210

William W.Gross	Division of		Wage Determination No.: 2005-2103
Director	Wage Determinations		Revision No.: 4
			Date Of Revision: 07/05/2007

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide  
 Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St Mary's  
 Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King George, Loudoun, Prince William, Stafford

**\*\*Fringe Benefits Required Follow the Occupational Listing\*\***

OCCUPATION CODE -- TITLE	MINIMUM WAGE RATE
01000 - Administrative Support And Clerical Occupations	
01011 - Accounting Clerk I	13.79
01012 - Accounting Clerk II	15.49
01013 - Accounting Clerk III	18.43
01020 - Administrative Assistant	23.59
01040 - Court Reporter	18.43
01051 - Data Entry Operator I	12.67
01052 - Data Entry Operator II	13.82
01060 - Dispatcher, Motor Vehicle	16.50
01070 - Document Preparation Clerk	13.29
01090 - Duplicating Machine Operator	13.29
01111 - General Clerk I	13.72
01112 - General Clerk II	15.32
01113 - General Clerk III	18.74
01120 - Housing Referral Assistant	21.66
01141 - Messenger Courier	10.23
01191 - Order Clerk I	14.74
01192 - Order Clerk II	16.29
01261 - Personnel Assistant (Employment) I	15.60
01262 - Personnel Assistant (Employment) II	18.43
01263 - Personnel Assistant (Employment) III	21.66
01270 - Production Control Clerk	21.29
01280 - Receptionist	12.72
01290 - Rental Clerk	15.60
01300 - Scheduler, Maintenance	15.60
01311 - Secretary I	17.03
01312 - Secretary II	18.39
01313 - Secretary III	21.66
01320 - Service Order Dispatcher	15.82
01410 - Supply Technician	23.59
01420 - Survey Worker	18.43
01531 - Travel Clerk I	12.07
01532 - Travel Clerk II	13.01

01533 - Travel Clerk III	13.99
01611 - Word Processor I	13.76
01612 - Word Processor II	15.60
01613 - Word Processor III	18.43
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer, Fiberglass	25.26
05010 - Automotive Electrician	21.37
05040 - Automotive Glass Installer	20.14
05070 - Automotive Worker	20.14
05110 - Mobile Equipment Servicer	17.31
05130 - Motor Equipment Metal Mechanic	22.53
05160 - Motor Equipment Metal Worker	20.14
05190 - Motor Vehicle Mechanic	22.53
05220 - Motor Vehicle Mechanic Helper	16.81
05250 - Motor Vehicle Upholstery Worker	19.66
05280 - Motor Vehicle Wrecker	20.14
05310 - Painter, Automotive	21.37
05340 - Radiator Repair Specialist	20.14
05370 - Tire Repairer	14.43
05400 - Transmission Repair Specialist	22.53
07000 - Food Preparation And Service Occupations	
07010 - Baker	13.18
07041 - Cook I	11.97
07042 - Cook II	13.28
07070 - Dishwasher	9.76
07130 - Food Service Worker	10.25
07210 - Meat Cutter	16.07
07260 - Waiter/Waitress	8.59
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	18.05
09040 - Furniture Handler	12.78
09080 - Furniture Refinisher	18.39
09090 - Furniture Refinisher Helper	14.11
09110 - Furniture Repairer, Minor	16.31
09130 - Upholsterer	18.05
11000 - General Services And Support Occupations	
11030 - Cleaner, Vehicles	9.67
11060 - Elevator Operator	9.79
11090 - Gardener	15.70
11122 - Housekeeping Aide	10.89
11150 - Janitor	10.89
11210 - Laborer, Grounds Maintenance	12.07
11240 - Maid or Houseman	10.84
11260 - Pruner	11.37
11270 - Tractor Operator	14.19
11330 - Trail Maintenance Worker	12.07
11360 - Window Cleaner	11.31
12000 - Health Occupations	
12010 - Ambulance Driver	16.06
12011 - Breath Alcohol Technician	17.67
12012 - Certified Occupational Therapist Assistant	20.31
12015 - Certified Physical Therapist Assistant	19.99
12020 - Dental Assistant	16.90
12025 - Dental Hygienist	40.68
12030 - EKG Technician	24.34
12035 - Electroneurodiagnostic Technologist	24.34
12040 - Emergency Medical Technician	17.67
12071 - Licensed Practical Nurse I	18.60
12072 - Licensed Practical Nurse II	20.82
12073 - Licensed Practical Nurse III	21.79



12100 - Medical Assistant	14.23
12130 - Medical Laboratory Technician	18.04
12160 - Medical Record Clerk	14.96
12190 - Medical Record Technician	16.67
12195 - Medical Transcriptionist	16.46
12210 - Nuclear Medicine Technologist	28.93
12221 - Nursing Assistant I	9.75
12222 - Nursing Assistant II	10.96
12223 - Nursing Assistant III	12.99
12224 - Nursing Assistant IV	14.58
12235 - Optical Dispenser	16.67
12236 - Optical Technician	14.41
12250 - Pharmacy Technician	15.75
12280 - Phlebotomist	14.58
12305 - Radiologic Technologist	27.61
12311 - Registered Nurse I	24.92
12312 - Registered Nurse II	31.22
12313 - Registered Nurse II, Specialist	31.22
12314 - Registered Nurse III	37.77
12315 - Registered Nurse III, Anesthetist	37.77
12316 - Registered Nurse IV	45.28
12317 - Scheduler (Drug and Alcohol Testing)	18.04
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	18.55
13012 - Exhibits Specialist II	23.33
13013 - Exhibits Specialist III	28.11
13041 - Illustrator I	18.73
13042 - Illustrator II	23.42
13043 - Illustrator III	28.82
13047 - Librarian	25.45
13050 - Library Aide/Clerk	12.52
13054 - Library Information Technology Systems Administrator	22.99
13058 - Library Technician	17.88
13061 - Media Specialist I	16.58
13062 - Media Specialist II	18.55
13063 - Media Specialist III	20.68
13071 - Photographer I	14.67
13072 - Photographer II	17.18
13073 - Photographer III	21.52
13074 - Photographer IV	26.05
13075 - Photographer V	29.15
13110 - Video Teleconference Technician	16.58
14000 - Information Technology Occupations	
14041 - Computer Operator I	16.72
14042 - Computer Operator II	18.71
14043 - Computer Operator III	20.86
14044 - Computer Operator IV	23.18
14045 - Computer Operator V	25.66
14071 - Computer Programmer I (1)	21.60
14072 - Computer Programmer II (1)	26.37
14073 - Computer Programmer III (1)	27.62
14074 - Computer Programmer IV (1)	27.62
14101 - Computer Systems Analyst I (1)	27.62
14102 - Computer Systems Analyst II (1)	27.62
14103 - Computer Systems Analyst III (1)	27.62
14150 - Peripheral Equipment Operator	16.72
14160 - Personal Computer Support Technician	23.18
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	34.39
15020 - Aircrew Training Devices Instructor (Rated)	42.72

15030 - Air Crew Training Devices Instructor (Pilot)	50.66
15050 - Computer Based Training Specialist / Instructor	31.26
15060 - Educational Technologist	29.09
15070 - Flight Instructor (Pilot)	50.66
15080 - Graphic Artist	24.95
15090 - Technical Instructor	23.87
15095 - Technical Instructor/Course Developer	29.19
15110 - Test Proctor	19.04
15120 - Tutor	19.04
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations	
16010 - Assembler	8.95
16030 - Counter Attendant	8.95
16040 - Dry Cleaner	12.21
16070 - Finisher, Flatwork, Machine	8.95
16090 - Presser, Hand	8.95
16110 - Presser, Machine, Drycleaning	8.95
16130 - Presser, Machine, Shirts	8.95
16160 - Presser, Machine, Wearing Apparel, Laundry	8.95
16190 - Sewing Machine Operator	12.30
16220 - Tailor	13.01
16250 - Washer, Machine	9.81
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	18.95
19040 - Tool And Die Maker	23.05
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	17.26
21030 - Material Coordinator	21.29
21040 - Material Expediter	21.29
21050 - Material Handling Laborer	12.65
21071 - Order Filler	13.21
21080 - Production Line Worker (Food Processing)	17.28
21110 - Shipping Packer	14.46
21130 - Shipping/Receiving Clerk	14.46
21140 - Store Worker I	10.44
21150 - Stock Clerk	14.35
21210 - Tools And Parts Attendant	17.26
21410 - Warehouse Specialist	17.26
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	25.68
23021 - Aircraft Mechanic I	24.46
23022 - Aircraft Mechanic II	25.68
23023 - Aircraft Mechanic III	26.97
23040 - Aircraft Mechanic Helper	16.61
23050 - Aircraft, Painter	23.42
23060 - Aircraft Servicer	18.71
23080 - Aircraft Worker	19.90
23110 - Appliance Mechanic	20.60
23120 - Bicycle Repairer	14.43
23125 - Cable Splicer	24.98
23130 - Carpenter, Maintenance	20.36
23140 - Carpet Layer	18.70
23160 - Electrician, Maintenance	25.37
23181 - Electronics Technician Maintenance I	22.08
23182 - Electronics Technician Maintenance II	23.44
23183 - Electronics Technician Maintenance III	24.70
23260 - Fabric Worker	17.90
23290 - Fire Alarm System Mechanic	21.46
23310 - Fire Extinguisher Repairer	16.50
23311 - Fuel Distribution System Mechanic	22.81
23312 - Fuel Distribution System Operator	19.38



23370 - General Maintenance Worker	20.91
23380 - Ground Support Equipment Mechanic	24.46
23381 - Ground Support Equipment Servicer	18.71
23382 - Ground Support Equipment Worker	19.90
23391 - Gunsmith I	16.50
23392 - Gunsmith II	19.18
23393 - Gunsmith III	21.46
23410 - Heating, Ventilation And Air-Conditioning Mechanic	21.96
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research Facility)	
23.13	
23430 - Heavy Equipment Mechanic	21.46
23440 - Heavy Equipment Operator	21.46
23460 - Instrument Mechanic	21.46
23465 - Laboratory/Shelter Mechanic	20.36
23470 - Laborer	14.27
23510 - Locksmith	19.76
23530 - Machinery Maintenance Mechanic	21.77
23550 - Machinist, Maintenance	21.52
23580 - Maintenance Trades Helper	15.10
23591 - Metrology Technician I	21.46
23592 - Metrology Technician II	22.61
23593 - Metrology Technician III	23.72
23640 - Millwright	23.30
23710 - Office Appliance Repairer	21.00
23760 - Painter, Maintenance	20.36
23790 - Pipefitter, Maintenance	22.76
23810 - Plumber, Maintenance	20.99
23820 - Pneudraulic Systems Mechanic	21.46
23850 - Rigger	21.46
23870 - Scale Mechanic	19.18
23890 - Sheet-Metal Worker, Maintenance	21.46
23910 - Small Engine Mechanic	20.05
23931 - Telecommunications Mechanic I	25.22
23932 - Telecommunications Mechanic II	26.58
23950 - Telephone Lineman	24.43
23960 - Welder, Combination, Maintenance	21.46
23965 - Well Driller	21.46
23970 - Woodcraft Worker	21.46
23980 - Woodworker	16.50
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	11.58
24580 - Child Care Center Clerk	16.15
24610 - Chore Aide	9.58
24620 - Family Readiness And Support Services Coordinator	12.95
24630 - Homemaker	16.75
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	24.98
25040 - Sewage Plant Operator	20.23
25070 - Stationary Engineer	24.98
25190 - Ventilation Equipment Tender	17.56
25210 - Water Treatment Plant Operator	20.23
27000 - Protective Service Occupations	
27004 - Alarm Monitor	17.66
27007 - Baggage Inspector	11.51
27008 - Corrections Officer	19.83
27010 - Court Security Officer	23.26
27030 - Detection Dog Handler	17.66
27040 - Detention Officer	19.83
27070 - Firefighter	22.39
27101 - Guard I	11.51

27102 - Guard II	17.66
27131 - Police Officer I	23.94
27132 - Police Officer II	26.60
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	12.35
28042 - Carnival Equipment Repairer	13.30
28043 - Carnival Equipment Worker	8.40
28210 - Gate Attendant/Gate Tender	13.01
28310 - Lifeguard	11.59
28350 - Park Attendant (Aide)	14.56
28510 - Recreation Aide/Health Facility Attendant	10.62
28515 - Recreation Specialist	18.04
28630 - Sports Official	11.59
28690 - Swimming Pool Operator	16.85
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	20.55
29020 - Hatch Tender	20.55
29030 - Line Handler	20.55
29041 - Stevedore I	19.18
29042 - Stevedore II	21.64
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (2)	34.71
30011 - Air Traffic Control Specialist, Station (HFO) (2)	23.94
30012 - Air Traffic Control Specialist, Terminal (HFO) (2)	26.36
30021 - Archeological Technician I	17.06
30022 - Archeological Technician II	19.03
30023 - Archeological Technician III	23.76
30030 - Cartographic Technician	24.85
30040 - Civil Engineering Technician	22.19
30061 - Drafter/CAD Operator I	17.92
30062 - Drafter/CAD Operator II	20.06
30063 - Drafter/CAD Operator III	22.36
30064 - Drafter/CAD Operator IV	27.51
30081 - Engineering Technician I	20.19
30082 - Engineering Technician II	22.67
30083 - Engineering Technician III	25.37
30084 - Engineering Technician IV	31.43
30085 - Engineering Technician V	38.44
30086 - Engineering Technician VI	46.51
30090 - Environmental Technician	21.36
30210 - Laboratory Technician	22.36
30240 - Mathematical Technician	26.31
30361 - Paralegal/Legal Assistant I	20.03
30362 - Paralegal/Legal Assistant II	24.82
30363 - Paralegal/Legal Assistant III	30.35
30364 - Paralegal/Legal Assistant IV	36.73
30390 - Photo-Optics Technician	24.85
30461 - Technical Writer I	20.69
30462 - Technical Writer II	25.30
30463 - Technical Writer III	30.61
30491 - Unexploded Ordnance (UXO) Technician I	22.06
30492 - Unexploded Ordnance (UXO) Technician II	26.69
30493 - Unexploded Ordnance (UXO) Technician III	31.99
30494 - Unexploded (UXO) Safety Escort	22.06
30495 - Unexploded (UXO) Sweep Personnel	22.06
30620 - Weather Observer, Combined Upper Air Or Surface Programs (2)	22.14
30621 - Weather Observer, Senior (2)	23.98
31000 - Transportation/Mobile Equipment Operation Occupations	
31020 - Bus Aide	11.99
31030 - Bus Driver	17.54



31043 - Driver Courier	12.71
31260 - Parking and Lot Attendant	9.06
31290 - Shuttle Bus Driver	13.89
31310 - Taxi Driver	13.98
31361 - Truckdriver, Light	13.89
31362 - Truckdriver, Medium	17.09
31363 - Truckdriver, Heavy	18.40
31364 - Truckdriver, Tractor-Trailer	18.40
99000 - Miscellaneous Occupations	
99030 - Cashier	10.03
99050 - Desk Clerk	10.45
99095 - Embalmer	21.77
99251 - Laboratory Animal Caretaker I	10.47
99252 - Laboratory Animal Caretaker II	10.85
99310 - Mortician	27.25
99410 - Pest Controller	14.54
99510 - Photofinishing Worker	11.59
99710 - Recycling Laborer	15.73
99711 - Recycling Specialist	18.72
99730 - Refuse Collector	14.01
99810 - Sales Clerk	11.87
99820 - School Crossing Guard	11.37
99830 - Survey Party Chief	19.76
99831 - Surveying Aide	12.28
99832 - Surveying Technician	18.78
99840 - Vending Machine Attendant	12.61
99841 - Vending Machine Repairer	16.37
99842 - Vending Machine Repairer Helper	12.61

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.16 per hour or \$126.40 per week or \$547.73 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

- 1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)
- 2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your

regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

**HAZARDOUS PAY DIFFERENTIAL:** An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE (Standard Form



1444 (SF 1444)}

#### Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C) (vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b) (2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

Agreement Between the Superior Court  
Metropolitan Police Department,  
the Corporation Counsel,  
the LaShawn General Receivership  
on Behalf of the Child and Family Services  
Agency of the Department of Human Services  
and  
the Department of Human Services  
Youth Services Administration



**Agreement Between the Superior Court  
Metropolitan Police Department, the Corporation Counsel,  
the LaShawn General Receivership on Behalf of the Child and  
Family Services Agency of the Department of Human Services and  
the Department of Human Services Youth Services Administration**

**1. PREAMBLE**

The purpose of this Agreement is to expedite communication between the Superior Court and agencies responsible for locating and returning missing children who are the subjects of custody orders issued by judicial officers under D.C. Code § 16-2301(9) et seq. (i.e., neglected and abused children) and §§ 16-2309 et seq. (1981 & 1996 Supp.) (i.e., delinquent children).

**II GENERAL TERMS AND CONDITIONS**

**A. METROPOLITAN POLICE DEPARTMENT**

1. The Metropolitan Police Department (hereafter MPD) will refer reports of missing or absconding children in the neglect system made by foster parents or group homes directly to the Abscondence Unit of the Child and Family Services Agency of the Department of Human Services (hereafter CFSA), managed by the LaShawn General Receivership (hereafter LGR). The MPD through its officers in the station houses shall attempt to locate children in coordination with the CFSA Abscondence Unit or assigned agency worker.

2. The MPD will refer to its Abscondence Unit reports from parents or from personnel of shelter and group home of missing or absconding children under the jurisdiction of The Youth Services Administration of the Department of Human Services (hereafter YSA).

3. Currently, the Youth and Family Services Division of MPD has assigned two officers to the MPD Abscondence Unit whose working hours are 5 A.M. to 1 P.M. Monday to Friday. Effective the date this Agreement is signed, the Youth and Family Services Division of the MPD will assign at least four officers to the MPD Abscondence Unit on staggered shifts so that officers are more available to attempt to locate missing or absconding children. MPD will provide officers on duty with the Abscondence Unit with pagers to expedite communication with social workers, guardians, parents, caretakers, and other appropriate individuals. Following 60 days from the signing of this Agreement, MPD will reevaluate the number of officers allocated to executing custody orders and, if necessary, will request additional officers to be assigned to the Abscondence Unit.

4 Upon locating a missing or absconding child in the Abuse and Neglect system, the police will take that child to 625 H Street, N.E., Washington, D.C. 20002. Juvenile delinquents apprehended on custody orders shall be processed pursuant to Section II.E.6. of this Agreement.

5 MPD will provide a data processing format allowing the Family Division of the Superior Court to enter neglect custody orders on a daily basis into the Washington Area Law Enforcement System (hereafter WALES).

6. When WALES is down, police dispatchers will check the hard copy printout on children for whom custody orders have been issued in response to inquiries from officers as to whether a custody order has been issued for a particular child. Daily printouts will be provided to police dispatchers by the MPD Information Services Division.

7. MPD will supply a WALES terminal to the CFSA Abscondence Unit. MPD will allow personnel in the CFSA Abscondence Unit to enter into WALES the appropriate command (e.g., "served") indicating that a particular child for whom a custody order has been issued has been found.

8. MPD will provide three WALES terminals for the Superior Court. These terminals are to be located; (1) in Room 4310, (2) at the Quality Control Office located in Room JM 400, and (3) in the Liason Office of YSA located behind JM-4.

9. MPD will provide two WALES terminals to the Corporation Counsel or designee (hereafter Corporation Counsel).

10. MPD will maintain ongoing contact with all signatories to this Agreement to assure cooperation and compliance.

#### **B. CFSA ABSCONDENCE UNIT**

1- Effective the date of signing this Agreement, LGR on behalf of CFSA will create a CFSA Abscondence Unit to which it will assign five full-time staff persons responsible for filing requests for custody orders, based on reasonable grounds (Ex. A), and to work in conjunction with the MPD's Youth and Family Services Division to ensure the timely execution of these orders.

2. The CFSA Abscondence Unit will consist of a CFSA Liaison Social Worker, and a team consisting of four outreach workers, one of whom will serve as Coordinator. The CFSA Liaison Social Worker will work from 9 A.M. to 5 30 P.M., Monday through Friday and will be located at 609 H Street, N.E., Washington D.C. 20002. The telephone number is (202) 724-4333; the fax number is (202) 727-9460. The Outreach Team Coordinator will work a flexible shift Monday through Friday; two days a week- from 10 A.M. to 6 P.M. and three days a week 1 P.M. to 9 P.M.

The outreach workers will work rotating schedules as follows:

Outreach Worker #1	Monday-Friday	2 P.M.-10 P.M.
Outreach Worker #2	Tuesday-Saturday	2 P.M.-10 P.M.
Outreach Worker #3	Sunday-Thursday	2 P.M.-10 P.M.

The Outreach staff will be located at 2804 Martin Luther King Jr. Avenue, S.E., Washington, D.C., 20032, a 24-hour facility. The CFSA Abscondence Unit Outreach Workers will take an aggressive approach to locating missing and absconding children

3. When a child under the supervision of CFSA is missing or absconding, vendors and foster parents shall notify the MPD and the social worker assigned to the case. Vendors and foster parents shall notify MPD within one hour of learning that the child is gone. Immediately after notifying MPD, vendors and foster parents shall notify the CFSA social worker assigned to the case or a supervisor during regular business hours (9 A.M. to 5 P.M.). Such social worker or supervisor shall notify the CFSA Abscondence Unit or its designee of the need to promptly complete and file a request for a custody order for the child.

On workdays after regular business hours and on weekends and holidays, vendors and foster parents shall directly notify the CFSA Abscondance Unit or its designee within one hour of learning that the child is gone. This paragraph also covers missing children under the supervision of Court Social Services Division (hereafter CSSD) when the child is in shelter care.

4. The CFSA Abscondence Unit Liaison Social Worker will be responsible, during regular business hours (see supra Section B.2.) for submitting requests for custody orders, based on reasonable grounds, to the Office of the Juvenile and Neglect Clerk of the Family Division (hereafter Juvenile/Neglect Clerk). The requests for custody orders shall be filed within one hour of notice to the CFSA Abscondence Unit that a child is missing. The CFSA Abscondance Unit Liaison Social Worker will be responsible for maintaining records of each request for a custody order filed with the Juvenile/Neglect Clerk. A copy of the request for a custody order shall also be sent contemporaneously to the Corporation Counsel by fax.

5. The Outreach staff will fax the request for a custody order to the Juvenile/Neglect Clerk by 7 A. M. the following business day, including Saturdays and holidays.

6. The CFSA Abscondence Unit will provide training to contractors, vendors, and foster parents pertaining to implementation of this Agreement

7. Upon return of a child to CFSA by anyone, the CFSA Abscondence Unit Liaison Social Worker shall enter the appropriate command into WALES. The CFSA Abscondence Unit Liaison Social Worker shall also provide notification to the

Juvenile/Neglect Clerk by fax and hard copy, as well as a fax to the Corporation Counsel, indicating that the child has been found (Ex. C).

8. The CFSA Abscondence Unit Liaison Social Worker will notify the attorney of record and the custodian after a child has been found.

9. CFSA will provide placement and other services to missing/absconding children who have been found when a child is brought to 625 H Street, N.E., Washington, D.C. 20002 after normal business hours (4:45 P.M. on weekdays and anytime on weekends and holidays). Intake will notify the Outreach team who will be responsible for providing a safe placement for the child. Once the Outreach worker has notified the assigned social worker for the child of a child's return, that assigned worker will coordinate continued services to the child.

10. Upon return of -a child by anyone, if placement must be changed, the Corporation Counsel shall be informed by the CFSA Abscondence Unit Liaison Social Worker. The Corporation Counsel shall then notify the assigned Judge and request an emergency hearing. If the assigned judge is not available, the case shall be processed through the New Referrals courtroom (JM-10).

11. The CFSA Abscondence Unit as well as the LGR will maintain ongoing contact with all signatories to this Agreement to assure cooperation and compliance.

**C. COURT SOCIAL SERVICES DIVISION (CSSD): Children in the Neglect and Abuse System.**

1. CSSD will request and monitor the execution of custody orders issued for cases under its supervision when the child is residing at home or with a third-party custodian.

2. When a child under the supervision of CSSD who is in shelter care is missing or absconding vendors and foster parents will notify the MPD and the CFSA social worker assigned to the case. Vendors and foster parents shall notify MPD within one hour of learning that the child is gone. Immediately after notifying MPD, they shall notify the CFSA social worker assigned to the case or a supervisor during regular business hours (9 A.M. to 5 P.M.). Such social worker or supervisor shall notify the CFSA Abscondence Unit or its designee of the need to promptly complete and file a request for a custody order for the child. Such social worker also will notify the CSSD worker assigned to the child of the child's absence.

On workdays after regular business hours and on weekends and holidays, vendors and foster parents shall directly notify the CFSA Abscondence Unit or its designee within one hour of learning that the child is gone

3. The CFSA Abscondence Unit Liaison Social Worker will be responsible, during regular business hours (see supra, Section B.2.) for submitting requests for custody orders based on reasonable grounds to the Juvenile/Neglect Clerk. Requests for custody orders shall be filed within one hour of notice to the CFSA Abscondence Unit that a child is missing. The CFSA Abscondence Unit Liaison Social Worker will be responsible for maintaining records of each request for a custody order filed with the Juvenile/Neglect Clerk. A copy of each request for a custody order shall also be sent contemporaneously to the Corporation Counsel by fax.

4. When a child under it the supervision of CSSD, who is in third-party placement or protective supervision is missing or absconding, caretakers shall notify the MPD and the CSSD Social Worker assigned to the case. Caretakers shall notify the MPD within one hour of learning that the child is gone. Immediately after notifying the MPD, they shall notify the CSSD worker assigned to the case or a supervisor during regular business hours (9 A.M. to 5 P.M.). The CSSD Social Worker shall, within one hour of notice of a missing or absconding child, file a request for a custody order, based on reasonable grounds, to the Juvenile/Neglect Clerk.

During the week, after regular business hours, after 3 P.M. on Saturday, and on Sundays, a caretaker reporting a missing or absconding, child will notify CSSD Central Processing at 409 E Street, N.W., Washington, D.C 20001. The phone number is (202) 508-1841 or 508-1961. On holidays from 8:00 A.M. to 10:30 A.M. and on Saturdays from 8 A.M. to 3 P.M., caretakers shall notify CSSD at the Intake Unit located at the Superior Court, 500 Indiana Avenue, N.W., Room 4206, Washington, D.C. 20001. The Phone number is (202) 879-1294 or 879-1936. Within one hour of notice to CSSD that a child is missing or absconding, the CSSD representative at Central Processing shall, based on reasonable grounds, file a request for custody order with the Juvenile/Neglect Clerk.

5. Where a child under the supervision of CSSD who is not in shelter care absconding or is missing, the probation officer assigned to the child's case will take an aggressive approach to locate the child.

6. CSSD will be responsible for maintaining a record of each request for a custody order that is filed.

7. Upon return of a child by anyone, if the placement must be changed, the probation officer shall notify the assigned Judge and request an emergency hearing. If the assigned Judge, is not available, the case shall be processed through the New Referrals courtroom (JM-10).

8. CSSD will maintain ongoing contact with all signatories to this Agreement to assure cooperation an compliance.

**D. CSSD: Children in the Juvenile Delinquency System.**

1. CSSD will request and monitor the execution of custody orders issued in juvenile delinquency cases under its supervision when the child is (a) residing at home; (b) with a third-party custodian; or (c) on home detention. YSA shall request and monitor the execution of the custody orders for missing and absconding children under the supervision of CSSD who are in shelter care or in detention. (see infra Part II.E.) .

2. When a child under the supervision of CSSD, who is (a) at home; (b) with a third-party custodian; or (c) on home detention is missing or absconding, caretakers shall notify the MPD and the CSSD Social Worker assigned to the case. Caretakers shall notify the MPD within one hour of learning that the child is gone. Immediately after notifying the MPD, they shall notify the CSSD worker assigned to the case or a supervisor during regular business hours (9 A.M. to 5 P.M.). The CSSD Social Worker shall, within one hour of notice of a missing or absconding child, file a request for custody order, based on reasonable grounds, to the Juvenile Neglect Clerk.

During the week, after regular business hours, after 3 P.M. on Saturday, and on Sundays, a caretaker reporting a missing or absconding child will notify CSSD Central Processing at 409 E Street, N.W., Washington D.C., 20001. The phone number is (202) 508-1541 or 508- 1961. On holidays from 8 A.M. to 10:30 A.M. and on Saturdays from 8 A.M. to 3 P.M., caretaker shall notify CSSD at the Intake Unit located at the Superior Court, 500 Indiana Avenue, N.W., Room 4206, Washington, D.C. 20001. The phone number is (202) 879-1294 or 789-1936. Within one hour of notice to CSSD that a child is missing or absconding, the CSSD representative at Central Processing or the Intake Unit Probation Officer shall, based on reasonable grounds, file a file a request for custody order with the Juvenile/Neglect Clerk.

3. When a child under the supervision of CSSD who is not in shelter care or detention absconds or is missing, the probation officer assigned to the child's case will take an aggressive approach to locate the child.

4. CSSD will be responsible for maintaining a record of each request for a custody order that it files.

5. Upon returning of a child by anyone, the clerk's office shall notify the assigned Judge and request an emergency hearing. If the assigned Judge is not available, the case shall be processed through the New Referral courtroom (JM-10).

6. CSSD will maintain ongoing contact with all signatories to this Agreement to assure cooperation and compliance.

**E. YOUTH SERVICES ADMINISTRATION: Children in the Juvenile Delinquency System and Children in Need of Supervision.**

1. Effective the date of signing this Agreement, YSA will be responsible for filing requests for custody orders based on reasonable grounds and for monitoring the timely execution of those orders. The telephone number of the YSA facility requesting the custody will be indicated on the custody order.

2. When a youth assigned to shelter care, a group home, or a foster care placement is missing, a facility staff person shall notify MPD immediately. Within one hour after notice to MPD, a facility staff person shall file by fax a request for a custody order based on reasonable grounds with the Juvenile/Neglect Clerk at (202) 879-0099 or 737-0807. Subsequent to this action, a facility staff person also shall fax a copy of the request for a custody order to the Chief of the Diversion Division (hereafter CDD) or a designee at (202) 724-5067 and to the Corporation Counsel or designee at (202) 727-3745. This procedure will be followed during working hours (8 A.M. to 4.45 P.M.) Monday through Friday.

After working hours and on weekends and holidays, the facility staff person shall follow the same procedures described in the preceding paragraph except that in addition the facility staff person shall report the request for a custody order to the staff person on duty at the Stanton Group Home by telephone at (202) 645-4233.

3. When the youth is in detention, and it is ascertained that the youth is missing, the superintendent or Officer of the Day immediately shall notify MPD and police departments in other jurisdictions in accord with existing memoranda of understanding between such departments and YSA, and then shall promptly file a request for a custody order with the Juvenile/Neglect Clerk. (Ex. B).

4. YSA will provide training to contractors, vendors, and foster parents pertaining to implementation of this Agreement.

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5. Upon return of a child to YSA by anyone, YSA shall notify the Juvenile/Neglect Clerk. YSA will immediately file a Request for Withdrawal of Custody Order (Ex. C).

6. When a juvenile or child in need of supervision is apprehended on a custody order by MPD the child shall be taken, unless the Order says otherwise, to the Central Processing Unit at 409 E Street; N.W., Washington, D.C. 20001 (a) after 3 P.M. until 6 A.M. on weekdays; (b) after 2:30 P.M. on Saturdays until 6 A.M. on Monday; or (c) after 10:30 A.M. on holidays until the following morning. The child shall be taken to the Juvenile Cell Block at 500 Indiana Avenue, N.W., Washington, D.C. 20001 from 6 A.M. until 3 P.M. Monday through Friday and from 6 A.M. until 2.30 P.M. on Saturdays, and on holidays from 6 A.M. until 10:30 P.M. The Office of the Clerk of the Superior Court

shall notify the assigned Judge and request an emergency hearing. If the assigned Judge is not available, the case shall be processed through the New Referrals Courtroom (JM-10).

**F. CORPORATION COUNSEL**

1. The Corporation Counsel shall continue to provide a means for law enforcement officers, CFSA workers, and other individuals to request pre-petition custody orders upon sworn affidavit.

2. The Corporation Counsel may request post-petition custody orders on reasonable grounds, for children who are missing or in abscondence (without an affidavit).

3. The Chime Abuse and Neglect Section of the Corporation Counsel's Office, located at 1 Judiciary Square, N.W., Room 6N50, Washington, D.C. 20001 (Telephone: (202) 727-4865/Fax: 727-3737) shall receive facsimile copies of requests for custody orders issued in neglect cases.

The Juvenile Section of the Corporation Counsel's Office, located at 451 Indiana Avenue, N.W., Room 220, Washington, D.C. 20001 (Telephone (202) 727-4868/Fax 727-3745) shall receive facsimile copies of requests for custody orders issued in delinquency cases in which respondents are alleged to be persons in need of supervision.

4. The Corporation Counsel shall make every effort to provide timely representation of at unscheduled hearings precipitated by a child's presentment to court following the execution of a custody order.

**G. SUPERIOR COURT FAMILY DIVISION, JUVENILE AND NEGLECT CLERK'S OFFICE**

1. Upon receipt of a request for the issuance of a custody order made by any signatory to this Agreement, the Juvenile/Neglect Clerk will pull the case jacket, make the appropriate jacket entry and submit the Request, a Custody Order and the one jacket to the judicial officer assigned to the case, or in the absence of a particular judicial officer, to Judge-In Chambers (room-4220). Requests for the issuance of a custody order received on a Saturday or holiday shall be submitted to the judicial officer in New Referral Court (JM-10). The Juvenile/Neglect Clerk shall submit directly to Judge-In-Chambers any requests for a pre-petition custody order made by the Corporation Counsel.

2. In extraordinary cases, where the agency responsible for the child or a police officer wishes to obtain a custody order outside of regular business hours, that agency or police officer may, through the Mayor's Command Center, request a custody order from the Emergency Judge. If the Emergency Judge signs the custody order, that judge shall provide a copy to the Judge-In-Chambers on the next business day.



3. Upon receipt of a custody order by a judicial officer, the Juvenile/Neglect Clerk in Room 4310 shall enter into WALES all pertinent information pertaining to the custody order and file the case jacket in the appropriate secure file cabinet.

4. In cases where the custody order originates from the judicial officer without a request by CFSA, CSSD, or YSA, the Juvenile/Neglect Clerk shall notify by facsimile the agency responsible for the child and shall make the appropriate entry into WALES.

5. Upon receipt of a Request to Quash/Withdraw a custody order, the Juvenile/Neglect Clerk shall promptly pull the case Jacket, make the appropriate jacket entry, and submit the Request and case jacket to the responsible judicial officer.

6. Upon receipt of a case jacket from the judicial officer, the Juvenile/Neglect Clerk shall check for appropriate entries pertaining to the withdrawal/quashing of the custody order and the appropriate entry into WALES. The Juvenile/Neglect Clerk shall notify by facsimile the agency responsible for the child and shall notify all parties and counsel. If the responsible judicial officer requires a hearing in connection with quashing the custody order, the Juvenile/Neglect Clerk shall notify all parties and counsel of the date, time, and location of the hearing.

7. All facsimile transmissions pertinent to the request for issuance or withdrawal/quashing of a custody order shall be faxed to the attention of the Juvenile/Neglect Clerk. The fax number is (202) 879-0099; the back-up fax number is (202) 737-0807 in case of a break-down in the original number, for other information pertaining to a custody order the telephone number is (202) 879-1319, and the back-up phone number is (202) 879-1633.

8. The Juvenile/Neglect Clerk shall work with all signatories to this Agreement to perform a monthly audit on cases for which each signatory to this Agreement is responsible.

#### **H. CLERK OF THE COURT**

1. All courtroom clerks are responsible for notifying the Juvenile/Neglect Clerk by promptly delivering the jacket directly Room 4310 whenever a judicial officer issues a custody order. The courtroom clerk shall deliver the jacket by the end of the same day on which the custody order is issued.

2. The Clerk of the Court shall train courtroom clerks to follow this procedure.

#### **I. OVERSIGHT**

The representatives of the signatories to this Agreement will meet no later than 120 days after the date this Agreement is signed to determine whether any revisions should be made

SIGNATURES:

SUPERIOR COURT

By: Eugene N. Hamilton

CHIEF JUDGE EUGENE N. HAMILTON

By: Ulysses B. Hammond

ULYSSES B. HAMMOND, ESQUIRE  
EXECUTIVE OFFICER

CORPORATION COUNSEL

By: Joyanne Robinson

JOYANNE ROBINSON, ESQUIRE  
INTERIM CORPORATION COUNSEL

METROPOLITAN POLICE DEPARTMENT

By: Larry D. Soulsby

POLICE CHIEF LARRY D. SOULSBY

LAS VEGAS GENERAL RECEIVERSHIP

on behalf of the Child and Family Services Agency

By: Jerome R. Miller

DR. JEROME MILLER

DEPARTMENT OF HUMAN SERVICES YOUTH SERVICES  
ADMINISTRATION

By: Wayne Casey

WAYNE CASEY, INTERIM DIRECTOR OF DHS

## ATTACHMENT 6

DYRS Residential Monitoring Plan and  
Protocol Monitoring ( Applicable to Providers  
located in the District only)

**Monitoring Plan****Community Based Services**

Random Client Record Reviews	<i>Monthly</i>
Program Monitoring	<i>Monthly</i>
Facility Inspection	<i>Quarterly</i>
Personnel Record Review Form	<i>Quarterly</i>
Youth /Family /DYRS Staff Satisfaction Survey	<i>2 clients per contract – monthly</i>
Direct Service Observation	<i>Monthly</i>
Fiscal Review	<i>Ongoing/Monthly</i>
Annual Evaluation	<i>End of 10<sup>th</sup> month of contracting period</i>
Program Report Review	<i>Monthly</i>
Corrective Action Plan Status Review	<i>As necessary</i>

**Residential Services**

Random Client Record Reviews	<i>Quarterly 50 miles outside of DC Monthly w/in 50 miles of DC</i>
Program Monitoring	<i>Quarterly 50 miles outside of DC Monthly w/in 50 miles of DC</i>
Facility Inspection	<i>Quarterly</i>
Personnel Record Review Form	<i>Quarterly</i>
Youth /Family /DYRS Staff Satisfaction Survey	<i>2 clients per contract – monthly</i>
Direct Service Observation	<i>Quarterly 50 miles outside of DC Monthly w/in 50 miles of DC</i>
Fiscal Review	<i>Ongoing/Monthly</i>
Annual Evaluation	<i>End of 10<sup>th</sup> month of contracting period</i>
Corrective Action Plan Status Review	<i>As necessary</i>

**Department of Youth Rehabilitation Services**  
***Residential Program***  
***Contract Monitoring Tool and User Protocol***

The purpose of residential program monitoring is to ensure that quality services are delivered in a timely manner, in safe and therapeutic setting and with fiscal integrity.

**Monitoring Tools**

1. ***Random Client Record Review Form*** – To be completed by program monitor during individual client record reviews and reviewed with contractor
2. ***Random Client Record Review Summary Form*** – To be completed by the program monitor to document results of the individual client record review and reviewed with contractor
3. ***Program and Outcome Monitoring Review Forms*** – To be completed by program monitor to document contractor compliance with specific nonresidential community-based service delivery requirements
4. ***Facility Inspection Form*** - To be completed by program monitor during onsite inspection to document results of contractor compliance with facility requirements
5. ***Personnel Record Review Form*** – To be completed by program monitor during on-site review to determine if contractor staff meet all qualifications required by the contract
6. ***Youth Service Delivery Survey*** – To be completed by program monitor based on information obtained as result of call to randomly selected client, at time of client's discharge from program, to determine client's satisfaction with services provided by contractor
7. ***Family Service Delivery Survey*** – To be completed by program monitor based on information obtained as result of call to randomly selected guardian, at time of client's discharge from program, to determine family's satisfaction with services provided by contractor
8. ***Staff Service Delivery Survey*** – To be issued to randomly selected case managers and probation officers to get assessment of quality of contractor service delivery
9. ***Direct Service Observation Form*** – To be completed by program monitor during on-site visit to observe and verify contractor service delivery
10. ***Fiscal Review Form*** – To be completed by the staff assistance in conjunction with program monitor and program manager

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11. ***Corrective Action Log*** – To be completed by program monitor when deficiencies are detected during monitoring visit
12. ***Quarterly Monitoring Assessment Form*** – To be completed by contract monitor to document scores in specified contract monitoring areas
13. ***Annual Evaluation*** - To be completed by program monitor at end of contract year to serve as summary evaluation of contractor performance of the contract

#### **Maintaining contract files**

The Contracting Officer Technical Representative is to maintain copies of all residential community-based contracts. The contract files are to contain the assigned contract and any modifications to the contract, all contract correspondence, inspections, records, memos and conversations with the contractor and invoices/vouchers. The copies of the contracts files are to be made easily assessable to the contracting monitoring staff.

#### **Scheduling Monitoring Visits**

Announced monitoring visits are to be mutually determined by the program monitor and contractor. The initial monitoring visit shall be scheduled at the new contractor orientation and confirmed in writing. Appointments following the initial visit are to be scheduled with the contractor at the conclusion of the monitoring review discussion. The next scheduled appointment is also documented in the memorandum to the contractor, which summarizes the monitoring findings.

#### **Contract File Review**

Prior to the on-site monitoring visit, the program monitor shall perform the following tasks:

- review the contract to become aware of the start and end dates, hourly rate/per Diem, maximum quantity (if applicable), and types of services to be delivered;
- review Monthly Progress Reports and Monthly Program Reports to determine if minimum requirements have been met by the contractor and to become aware of contractor issues/concerns;
- obtain copy of Client Tracking Log to get information regarding youth referred to the program, including referral date, case manager, date of service initiation and date of service termination, and
- review monitoring reports for noted deficiencies and required actions by the contractor.

#### **Administrative Conference**

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1. Program monitors shall participate in individual monthly (or as needed) conferences with the COTR to discuss and resolve contract compliance issues and to determine the most appropriate technical assistance and/or corrective action, if necessary.
2. Program monitors shall participate in monthly Special Placement Unit meetings to discuss new contracts, current contracting issues and to plan for quarterly contractor meetings.

#### Monitoring Activity

1. Random client record reviews are to be conducted monthly. The number of records reviewed is to be based on the total number of active case files. The program monitor shall review 25% of the active cases. Upon completion of the individual file reviews, the findings are to be summarized on the Random Client Record Review Summary Form. Deficiencies in records are to result in monthly reviews and/or the implementation of appropriate corrective action (s). There should be a least two unannounced visits per contract year.
2. Facility inspections are to be conducted every four months following contract award. There should be one unannounced visit per contract year.
3. The Program and Outcome Monitoring reviews are to be conducted quarterly. Data gathered from record reviews, service delivery surveys, direct service observation, personnel record reviews, contract file reviews and fiscal reviews provide the required information for programmatic monitoring. Program monitoring is to be conducted every four months.
4. Personnel record reviews are to be conducted quarterly. Twenty-five percent of records are to be reviewed, to include newly hired staff. Visits are to be announced to ensure access to personnel files.
5. Service Delivery Surveys (Youth) are to be conducted monthly on two randomly selected youth per service when discharged from the program.
6. Service Delivery Surveys (Family) are to be conducted by interviewing the youth and the youth's guardian.
7. Service Delivery Surveys (Staff) shall be forwarded to the case manager/probation officer for completion and submission to the monitoring unit.
8. Direct services observations are to be observed and recorded monthly for facilities within a 50 miles radius of the District and quarterly for facilities outside of a 50 mile radius. At least two of the observations shall be unannounced.



9. Fiscal reviews shall take place on an ongoing basis in conjunction with program monitor and program manager to document level of accuracy or inaccuracies in the contractor's invoicing process.
10. A corrective action is to be completed when problems persist or there is a serious contract problem. Minor problems are to be addressed as follows:
  - identify and communicate the problem to the contractor verbally and in writing
  - discuss with the contractor the expectations for correction and how it should be corrected, including the review date
  - document conversations with the contractor and follow-up findings
  - complete the Corrective Action Log.

Serious and reoccurring problems are to be addressed as follows:

- identify and communicate the problem to the contractor verbally and in writing, using specific dates, number of occurrences, or other data that quantifies the problem
- advise contractor of need to correct problem, if appropriate, ask contractor to submit a corrective action plan, including dates when action will be completed
- set deadline for submission of correction action plan from contractor
- specify a time frame for resolution of the problem by the contractor
- track all corrective actions to ensure completion
- if deadlines are missed or corrective actions otherwise not completed, follow up immediately and notify contractor of the missed deadline for submission and request an action completion date
- notify contractor that failure to correct problems could lead to Office of Contracting and Procurement interventions.

DEPARTMENT OF YOUTH REHABILITATION SERVICES  
SPECIAL PLACEMENT UNIT



Program Monitoring Form

Provider: [Replace with provider name] Location: [Replace with address]  
Service: [Replace with type of service]  
Monitor: [Replace with name of monitor]  
Date of Site Visit: [mm/dd/yyyy] Time of Visit:

Youth Data	
Name:	DOB:
SF#:	Age:
Date of Referral:	Date of Admission:
Date of Discharge:	DYRS Case Manager/Probation Officer:

Record Review

ID	Area	Yes	Partial	No	N/A	Comments	Corrective Action
1	Complete DYRS referral packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
2	Evidence of intake process – intake form, review of rules/expectations, behavior management plan (rewards and consequences), etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
3	a. Committed Youth - Strength/needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
	b. Detained Youth - Strength/needs assessment for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Confidential

Last printed 5/29/2007 1:05:00 PM

Program Monitoring Form

ID	Area	Yes	Partial	No	N/A	Comments	Corrective Action
4	a. <b>Committed Youth</b> - Work plan and applicable updates -- signed by youth and notes indicating participation by youth, family and DYRS worker b. <b>Detained Youth</b> - Work plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
5	Evidence of implementation of Work Plan/ISP documented in progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
6	Case running notes or daily progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
7	Unusual Incident Reports -- thoroughly documented and reported in designated time frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
8	Face-to-face monitoring is consistent with the work plan goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
9	Monitoring provided during school, work, day passes and home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
10	Documented referral for Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
11	Documented referral for Youth Development Activities --social, recreational, spiritual and cultural activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
12	Documented referral for Academic Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
13	Documented referral for Vocational Awareness/ Job Readiness/ Employment Search and Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
14	Documented referral for Counseling -- individual, family and group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
15	Family Involvement/Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
16	Monthly collateral contacts documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
17	Monthly progress report in file and relevant to services provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	



Program Monitoring Form

ID	Area	Yes	Partial	No	N/A	Comments	Corrective Action
18	Are the current support facilities and infrastructure sufficient for successful completion of the services – physical plant, supplies, space, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
19	Is supervision consistent with regulations and youth needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	
20	Are staff knowledgeable of the population and services to be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Comment]	

**Overall Compliance:**

☐ High ☐ Medium ☐ Low

**Comments:** [Replace this text with any explanatory comments.]

\_\_\_\_\_  
Monitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Special Placement Unit Program Manager

\_\_\_\_\_  
Date

**DEPARTMENT OF YOUTH REHABILITATION SERVICES  
DIRECT PROGRAM OBSERVATION**

Briefly describe the session.			
How many clients and staff members were present?			
What activities were they performing? (Lecture, individual, family or group counseling, etc.)			
Did the clients participate in the session?			
Summarize the overall impression of this activity including the quality of service observed. Include the rationale that supports this conclusion.			
Activity	Yes	No	NA
Family/Youth engaged in session			
Session related to programmatic services			
Staff/client ratio appropriate			

Program Monitor \_\_\_\_\_

Date \_\_\_\_\_

1/24/03

DEPARTMENT OF YOUTH REHABILITATION SERVICES  
Physical Plant Inspection

Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Program: \_\_\_\_\_

Monitor: \_\_\_\_\_

Announced \_\_\_\_\_ Unannounced \_\_\_\_\_

<b>Living Room/Group Room</b>	3	2	1	N/A	Comments
Cleanliness and Order					
General Repair					
Furnishings (sofas, chairs, tables)					
Appropriate Lighting					
<b>Dormitory/Bedroom</b>	3	2	1	N/A	Comments
Cleanliness and Order					
General Repair					
Appropriate Climate Control					
Adequate Bedding/Linens					
Accessible Telephone Service					
Adequate Security Door Locks					
Furnishings (Bed, Mattress, Clothing/Laundry Storage)					
Number of Youth per Room (35 feet unencumbered space)					
<b>Dining/Kitchen</b>	3	2	1	N/A	Comments
Complies with All Sanitation/Health Codes					
Cleanliness and Order					
General Repair					
Adequate Ventilation					
Fire Extinguisher					
Furnishings (Table, Chairs)					
Goods Stored 6" Above Floor					
Stored Food Dated					
Balanced Meals/Food Supply					
Sharp Utensils Controlled/Inventoried					
Pest Control (Frequency)					
Refrigerator Temperature (32° - 36°)					
Freezer Temperature (-10° - 0°)					
<b>Restrooms</b>	3	2	1	N/A	Comments
Cleanliness and Order					
General Repair					
Toilet Operational (Flushes)					
Sink/Shower Operational (Hot/Cold Water)					
<b>Hallways/Stairways</b>	3	2	1	N/A	
Exit Signs Posted					
Secure Railings					
Adequate Lighting					
Cleanliness and Order					
<b>Staff Office</b>	3	2	1	N/A	Comments
Cleanliness and Order					
General Repair					
Furnishings (Chairs, Desks, Office Equipment)					



<b>Counseling/Waiting Area</b>	3	2	1	N/A	Comments
Cleanliness and Order					
General Repair					
Adequate Lighting					
Furnishings (Tables/Desk, Locked File Cabinets, Chairs)					
Accessible to Clients/Youth					
<b>Laundry</b>	3	2	1	N/A	Comments
Cleanliness and Order					
General Repair					
Bleach Access					
Dryer Lent Filter Clean					
<b>Educational Milieu</b>	3	2	1	N/A	Comments
Cleanliness and Order					
General Repair					
Adequate Equipment					
Appropriate Furnishings					
<b>Grounds</b>	3	2	1	N/A	Comments
Cleanliness and Order					
General Repair					
Safe/Adequate Lighting					
<b>General Safety</b>	3	2	1	N/A	Comments
Locked (L) or Unlocked (U) Facility	Which, L or U? >				
Working Smoke Detector(s)					
Adequate Furnishings					
Fire Extinguishers (Monthly Internal Inspection)					
Lighted Exit Signs					
Posted Evacuation Plan					
Fireproof Mattresses/Pillows					
Separately Stored Flammable Materials					
Fire Drills (Appropriately Conducted Frequency)					
Annual Fire Inspection by Local Fire Officials					
Written Policy Governing Use/Control of Tools, Equip., & Keys					
<b>Staffing Pattern</b>					
Daytime					
Evening					
Night					
Staff to Youth Ratio					

**Additional Comments:**


**Legend:** 3 = Compliance, 2 = Partial Compliance, 1 = Noncompliance, N/A = Not Applicable



DEPARTMENT OF YOUTH REHABILITATION SERVICES  
Program Monitoring Form

Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Program: \_\_\_\_\_

Monitor: \_\_\_\_\_

General Category	3	2	1	N/A	Comments
Therapeutic Recreation program provided					
Number of hours per day:					
Planned daily schedule of activities conspicuously displayed					
Youth provided fair grievance policy					
Independent living skills instructions provided					
Youth allowed to work outside of the facility					

Education	3	2	1	N/A	Comments
GED program offered					
Vocational training provided					
Current IEP Date:					
IEP related services provided					
Challenging education curriculum					
Required teacher/student ratio maintained Ratio:					
Teacher-support staff person present during class					
Accredited school program					
Certified teachers (regular education)					
Certified teachers (special education)					

Therapy/Treatment	3	2	1	N/A	Comments
Justification (every 90 days) for youths' continued stay					
Individual counseling services provided					
Group counseling services provided					
Family counseling services provided					
Participation in treatment planning by youth and family					
Treatment plans signed and dated by authorized staff or licensed clinician and youth - Date:					
Treatment goals and objectives are realistic and measurable					

<b>Substance Abuse</b>	3	2	1	N/A	Comments
Quality substance abuse program offered Number of hours per week:					
Quality substance abuse education offered Number of hours per week:					
On campus substance abuse support group					
Off campus substance abuse support group					
Substance abuse treatment conducted by qualified and trained staff					
Urine Analyses services provided					
Urine Analyses results filed in case record					

<b>Medication Management</b>	3	2	1	N/A	Comments
Over the counter and prescription medication distributed by trained staff					
Inventoried over the counter medication					
Inventoried prescription medication					

<b>Youth Case Record Information</b>	3	2	1	N/A	Comments
Program rules/expectations signed and dated by youth – Date Signed:					
Administration of intake/assessment					
Unusual incident report(s) filed in youth's record					
Curfew violations logged					
Frequency of supervision of youth documented					
Legible Case running notes maintained					

<b>Ancillary Information</b>	3	2	1	N/A	Comments
Regular education per diem					
Special education per diem					
Liability Insurance (obtain copy annually)					
Program certification/license (obtain copy annually)					

**Additional Comments:**

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**Legend:** 3 = Compliance, 2 = Partial Compliance, 1 = Noncompliance, N/A = Not Applicable

Revised 06/11/02



**DEPARTMENT OF YOUTH REHABILITATION SERVICES**  
*Community Based and Residential*  
**Personnel Record Review**

Provider: \_\_\_\_\_

Service: \_\_\_\_\_

Date of Monitoring: \_\_\_\_\_

Type of Visit: Announced: ☐

Unannounced: ☐

Findings of compliance are noted in the comments section below. The scores are indicated as: 1= yes, 0=no and N/A = Not Applicable.	1	0	N/A	Comments
<b>A. Staffing</b>				
Organizational chart that defines chain of command includes:				
1. Facility Administrator/Director				
2. Program Director/Manager				
3. Case Manager				
4. Supervisor of Direct Care Staff (Residential Only)				
5. Direct Care (Residential Only)				
Written Job Descriptions are consistent with job responsibilities for the following:				
6. Facility Administrator/Director				
7. Program Director/Manager				
8. Case Manager				
9. Supervisor of Direct Care Staff (Residential Only)				
10. Direct Care (Residential Only)				
<b>Staff to Client Ratio</b>				
11. Consistent with contract standards				
<b>B. Credentialing</b>				
12. Staff meets minimum qualifications (education, licensing, certifications, etc.)				
13. Background checks are performed prior to employment				
14. Drug screenings are performed before and during employment				
15. Required staff have updated CPR/First Aid Training				
<b>C. Training</b>				
12. There is new employee training				
13. The training program is operational				
20. All training is documented				

Program Monitor: \_\_\_\_\_ Date: \_\_\_\_\_

Monitoring Assessment Survey

Program: \_\_\_\_\_

Service: \_\_\_\_\_

Record Review	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Annual Score
Admission Information					
Needs Assessment					
Treatment Plan					
Documentation					
Personnel Review	1 <sup>st</sup> Quarter	2 <sup>nd</sup> QUARTER	3 <sup>rd</sup> QUARTER	4 <sup>th</sup> QUARTER	Annual Score
Staffing					
Credentialing					
Training					
Facility Inspection	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Annual Score
Accessibility					
Licensure Certification					
Interior Environment					
Exterior Environment					
Security					
Service Delivery	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Annual Score
Communication/Collaboration					
Staff Capability					
Client Satisfaction					

Recorded quarterly scores are derived from monthly reviews.

Program Monitor \_\_\_\_\_

Date \_\_\_\_\_



**Department of Youth Rehabilitation Services  
Service Delivery Survey-Residential Facility  
(DYRS Staff)**

Case Worker: \_\_\_\_\_ Survey Date: \_\_\_\_\_

Service Provider: \_\_\_\_\_ Program: \_\_\_\_\_

Evaluate the service provider by checking the appropriate box below:	Yes	No	N/A
<b>Service Delivery</b>			
1. Are services implemented timely and consistently?			
2. Are services relevant to youth's assessed needs and strengths (Individual Services Plan and Treatment Plan)?			
3. Are services delivered in a safe, sanitary and therapeutic setting?			
4. Does the youth demonstrate positive change in performance (i.e. behavior, attitude, academic aptitude, etc.)?			
<b>Communication/Collaboration</b>			
5. Does the contractor consistently provide updates on clients' progress?			
6. Are concerns, unusual incidents, and changes thoroughly communicated in a reasonable time frame?			
<b>Staff Capability</b>			
7. Do staff demonstrate competence in all areas of service delivery (individual, group, family interaction).			
8. Are staff polite and professional in interactions with youth, family and DYRS case managers?			
9. Do treatment plans and progress reports appropriately identify youth and family assessed needs and adjustment to services?			
<b>Customer Satisfaction</b>			
10. Overall, are you satisfied with the services provided by this contractor?			

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please complete and return to the LeBretia White's mailbox or forward via email within two working days of date forwarded to caseworker.**

<i>Official Use Only</i>	
<b>Do not write in this area.</b>	
Date Forwarded to Case Worker: _____	Date Returned: _____
Program Monitor: _____	

Revised 8/2/05

# DEPARTMENT OF YOUTH REHABILITATION SERVICES

## Service Delivery Survey

(Youth)

Youth: \_\_\_\_\_

Survey Date: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Program: \_\_\_\_\_

Evaluate the service provider by checking the appropriate box below:	Yes	No	N/A	Comments
<b>Service Delivery</b>				
1. Were services delivered timely and consistently?				
2. Did the services meet the your needs?				
3. Were services delivered in safe and clean setting?				
4. Were you held accountable for non-compliance as stated in the behavior modification plan?				
<b>Communication/Collaboration</b>				
5. Were you involved in the development of the treatment plan?				
6. Were you made aware of the schedule for services and any changes in the schedule?				
7. Were sessions planned to accommodate your family's schedule (work, school, etc.)?				
<b>Staff Capability</b>				
8. Did staff exhibit confidence in providing services?				
9. Were you treated with respect by staff members?				
10. Did the staff provide you with information about other community resources?				
<b>Client Satisfaction:</b>				
11. Did you benefit from this program and were you satisfied with the services?				
12. Would you recommend this service to other youth?				

Date Youth Contacted: \_\_\_\_\_

Program Monitor: \_\_\_\_\_



# DEPARTMENT OF YOUTH REHABILITATION SERVICES

## Service Delivery Survey

(Family)

Youth: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Survey Date: \_\_\_\_\_

Program: \_\_\_\_\_

Evaluate the service provider by checking the appropriate box below:	Yes	No	N/A	Comments
<b>Service Delivery</b>				
1. Were services delivered timely and consistently?				
2. Did the services meet the youth's needs?				
3. Were services delivered in safe and therapeutic setting?				
4. Was your child held accountable for non-compliance as stated in the behavior modification plan?				
<b>Communication/Collaboration</b>				
5. Were you involved in the development of the treatment plan?				
6. Were you made aware of the schedule for services and any changes in the schedule?				
7. Were sessions planned to accommodate your family's schedule (work, school, etc.)?				
<b>Staff Capability</b>				
8. Did staff exhibit confidence in providing services?				
9. Were staff polite and performed duties in a professional manner?				
10. Did the staff provide you with information about other community resources to assist your family?				
<b>Client Satisfaction</b>				
11. Did you and your child benefit from this program.				
12. Would you recommend this service to other families?				



# DEPARTMENT OF YOUTH REHABILITATION SERVICES

## Annual Contract/HCA Evaluation

Provider: \_\_\_\_\_

Service: \_\_\_\_\_

**Instructions:** The Program Monitor is to fill out this Final Program Review at the end of the first year of the contract. It is to be based upon the Mid-Year Review report, and the results of all 4 Quarterly Reports.

Questions	Yes	No	Response/Comments
1. Did the contractor provide the services as described in its contract? If no, please explain.			
2. Were the clients/participants satisfied with the services that they received?			
3. Did the contractor meet all of its <b>Service Delivery Goals and Client Outcomes</b> based upon the Contractor Work Plan and Quarterly Reports? If no, please explain.			
4. Was the staffing consistent with the contract? If no, please explain.			
5. Were monthly programmatic reports submitted, and on time? If no, please explain.			
6. Did the contractor seek to collaborate its efforts with other community agencies? If no, please explain.			
7. Did the contractor comply with all corrective action findings, if any? If no, which deficiencies/problem areas remain unresolved?			
8. Based upon analysis of quarterly and annual program review, is the contractor recommended for future funding and/or contract renewal?			

**MONITOR'S COMMENTS:** If you would like to make any additional comments about this program, please attach an additional sheet. Thank you.

**I hereby certify that based upon my review the above is true and factual.**

Program Monitor's Signature \_\_\_\_\_

Date \_\_\_\_\_

## ATTACHMENT 7

### Juvenile Home Visitation Guidelines (Applicable to Providers located in the District only)

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HUMAN SERVICES  
YOUTH SERVICES ADMINISTRATION

Youth Shelter Care Policy

**POLICY STATEMENT:** It is the policy of Youth Services Administration to allow youth assigned to shelter homes to have home visitation privileges when and if allowed by the court. These visits provide therapeutic value by affording youth, families and the youth's community an opportunity to maintain relationships and assist in the transition of youth from placement back into their own homes. There is also therapeutic value in youth demonstrating appropriate behavior and earning privileges such as home visitation.

**APPLICABILITY:** This policy and procedure applies to Youth Services Administration publicly and privately operated shelter homes that provide community-based, non-secure residential services to *pre-trial or pre-dispositional* youth.

**DEFINITIONS:** The following terms apply to this procedure:

*Case Manager means the probation officer or probation intake officer assigned to an individual child in community-based shelter home.*

*Day Pass means an approved visit to a youth's family/guardian home for a designated period of time; however ending not later than 8:00 PM of the same day. A day pass may be approved after a youth has been in the shelter home a minimum of seven (7) days. In certain situations, a day pass may be approved in concert with an overnight pass, or weekend pass if the youth has been in placement for the prescribed period of time and his/her behavior is in accordance with shelter home criteria for this privilege.*

*Extended Home Pass means an approved visit to a youth's family/guardian home and is longer in duration than five days but does not exceed 30 days, unless there is documented approval by Youth Services Administration or order of the court. The YSA Intake/Placement Unit must approve all requests for extended home passes.*

*Holiday Pass means an approved visit to a youth's family/guardian home in observance of a federal, district government or religious holiday. A holiday pass may be approved in concert with an overnight pass, weekend pass, or extended home pass if the youth has been in placement for the prescribed period of time and his/her behavior is in accordance with shelter home criteria for this privilege. A holiday pass may be approved after a youth has been in the shelter home a minimum of seven (7) days.*



**Home Assessment** means a documented review of the youth's family/guardian home which includes current address, telephone number, names of adults and children who reside in the home, parent/guardian's rules for the visit, etc. Home assessments when needed for possible step-down purposes will be conducted by YSA staff when not provided by Court Social Services Probation.

**Overnight Pass** means an approved visit to the youth's family/guardian home for an overnight stay and not exceeding 24 hours. An overnight pass may be approved after a youth has been in the shelter home a minimum of 14 days.

**Weekend Pass** means an approved visit to a youth's family/guardian home, which begins on Friday after 4:00 PM, and ends no later than Sunday at 8:00 PM. A weekend pass may be approved after youth has been in the shelter home placement a minimum of 21 days and meets shelter home criteria for this privilege.

#### PROCEDURES:

1. Each public or private shelter home shall develop and document behavioral and programmatic criteria (i.e., following curfew, no instances of truancy or absences without permission, etc.) for youth assigned to the shelter home to earn home visitation privileges. In privately operated shelter homes, the criteria for home visitation shall be provided to Youth Services Administration within 14 days of award of a contract and prior the approval of any youth for a home visit. In publicly operated shelter homes, Youth Services Administration shall prescribe the criteria for home visitation in the shelter home program manual.
2. Each youth shall be informed of the shelter home's criteria for home visitation privileges. Youth shall be informed of the criteria for home visitation as a part of the youth's intake and orientation process to the shelter home. This intake and orientation should be documented in the youth's file, which is maintained by the shelter home.
3. Prior to allowing a youth to have home visitation privileges, shelter home staff shall confer with the youth's case manager or in the absence of the case manager their supervisor to ensure that there is agreement with regard to the visit. This conference shall be documented in the youth's file maintained by the shelter home and shall include the date, time, name of the case manager and method of conference (i.e., telephone, meeting, visit, etc.)
4. When a home visit is denied, the youth shall be informed of the rationale for this denial and be provided feedback regarding his/her behavior which would result in earning this privilege and the next possible review date for a visit.

This information shall be documented in the youth's file, which is maintained by the shelter home.

5. Youth who earn home visitation privileges based upon the shelter home's criteria shall be granted visitation, except in extenuating circumstances which involve the youth's family/guardian home situation, a restriction by court order and/or if granted would predictably cause a real threat to the youth or public safety. This information shall be documented in the youth's file, which is maintained by the shelter home.
6. The shelter home shall make requests for Extended Passes to the youth's case manager or in the absence of the case manager their supervisor, who in turn will obtain the necessary judicial and /or administrative approvals and notify the shelter home in writing of the decision. The shelter home shall not directly contact the court to obtain permission for Extended Passes. Such passes shall only be requested during extenuating circumstances (i.e. medical, bereavement, etc.)

EFFECTIVE DATE: This policy is in effect as of January 5, 2001

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Gayle L. Turner  
Administrator



## ATTACHMENT 8

### DYRS Policy and Procedures, Process for Reporting Unusual Incidents & After Hours Emergencies Protocol

Department of Human Services Youth Services Administration	Policy Number: YSA 1.14	Page: 1 of 4
Chapter: Administration, Organization and Management	Supersedes: YSA I.1-002	Effective Date: July 15, 2002
Subject: <b>REPORTING UNUSUAL INCIDENTS</b>		

## I. PURPOSE

To provide procedural instructions which guide YSA personnel and affiliates in reporting unusual incidents to the Youth Services Administration through the appropriate chain of command.

## II. POLICY

It is the policy of the Youth Services Administration (YSA) that all unusual incidents be reported in a timely manner. The effective and efficient operation of the agency depends on accurate communication of information regarding serious incidents involving both youth and staff.

## III. SCOPE

This policy applies to all YSA employees and YSA contractors who perform official duties or provide services on behalf of the Administration.

## IV. DEFINITIONS

Incident – an event or happening outside the ordinary routine that results in disruption or threatens security, safety, order of the facility and/or harm or threat of harm to youth, staff, visitors or the physical plant.

## V. PROCEDURE

The **Incident Notification Form** shall constitute an official record of the incident and shall serve to ensure that the Administration is informed of any unusual event that might require immediate attention. (Attachment A)

The **Incident Notification Form** is an important document for subsequent review and investigation of any unusual occurrence and may cause an official request for an investigation when attached to the Department of Human Services (DHS) Form 1243 (Attachment C). This investigation shall be conducted in accordance with DHS policy by the Office of Investigations and Compliance (OIC). OIC will monitor and coordinate all criminal investigations involving the agency and other law enforcement agencies. The Incident Notification Form shall be completely filled out in a manner that is clear, concise, and factual.

Subject	Policy Number	Page:
<b>Reporting Unusual Incidents</b>	YSA 1.14	2 of 4

A. In order to ensure uniformity in reporting procedures and format, YSA staff, contractors and their agents shall complete the Incident Notification Form whenever one of the reportable types occur or any incident occurs which may impact the integrity and public confidence in YSA operations. Instructions for completion are included on the back of the form (Appendix B)

B. Reportable Incident Types are:

1. Class I Incidents – incidents that are severe in nature, presents a risk to public safety and/or may attract media attention shall be considered Class I and need to be reported through the YSA chain of command **immediately**. These incidents include but are not limited to the following:

- a. Death
- b. Fire
- c. Hostage Taking
- d. Riot
- e. Reported Crimes
- f. AWOL from Furlough
- g. Escape/Attempted Escape
- h. Suicide Attempted (with injury)
- i. Alleged Child Abuse
- j. Serious Injury or Illness (Youth)
- k. Serious Work Related Injury (Staff)

2. Class II Incidents – incidents which are serious in nature but do not present a significant risk to the facility, public safety or attract media attention shall be considered Class II incidents and shall be reported no later than within two (2) hours of the incident.

- a. Youth on Staff Assault
- b. Youth on Youth Assault
- c. Staff on Youth Assault
- d. Felony Arrest (Staff)
- e. Felony Arrest (Youth)
- f. Attempted AWOL/Abscondence
- g. AWOL/Escape Apprehension or Return
- h. Other



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<b>Reporting Unusual Incidents</b>	YSA 1.14	

3. Class III Incidents – are of a nature that requires notification by completion of the Incident Notification Form and submitting it to YSA Administration within 24 or the next workday.

- a. Fight (2 or more Youth)
- b. Accidental Injury
- c. Staff Discipline
- d. Damage to property (in excess of \$1000)
- e. Theft (in excess of \$500)
- f. Inappropriate sexual behavior
- g. Illegal drugs/alcohol seized
- h. Possession of Contraband
- i. Other incidents similar in nature

C. During normal business hours (8:15 am to 4:45 pm), all incidents shall be reported immediately to the facility Superintendent, Program Administrator, Office Head, or Contractor shall notify the respective YSA Deputy Administrator or designee.

D. It is the responsibility of the Superintendent/Program Administrator, Office Heads or Contractor to ensure compliance and adherence with these procedures and to transmit the Incident Notification Form to YSA in accordance with the timeframes established by these procedures.

E. The Incident Notification Form shall provide complete details to include a summary of actions taken by appropriate managerial officials regarding the unusual incident, and corrective measures to prevent recurrences (immediate and long range). The YSA Administrator, or his/her designee, shall review this report, and may cite recommendations for actions by higher authorities as required. At this point DHS Form 1243 will be required. See attached form.

As may be necessary, Superintendent, Program Administrator, Office Head, or Contractor shall ensure that follow-up reports are submitted to relay subsequent facts, information and actions.

F. When Class I incidents occur between the hours of 4:45 p.m. and 8:15 a.m. on weekdays, and at any time on weekends or holidays, the appropriate facility Superintendent/Program Administrator, Office Head, or Contractor, shall contact the YSA Duty Officer. The YSA Duty Officer will ensure that

Subject	Policy Number	Page: 4 of 4
<b>Reporting Unusual Incidents</b>	YSA 1.14	

the incident is reported by telephone to the Mayor's Command Center (202 727-6161). The person contacting the Mayor's Command Center shall give his/her name, title, location, telephone number and type of unusual incident.

**G. Procedures for Notifying On Call Administrators (Duty Officers)**

1. At secure facilities the Officer of the Day shall notify the Facility On-Call Administrator who in turn shall call the Deputy Administrator for Secure Programs or his/her designee if a Class I incident has occurred.
2. At non-secure facilities, residential treatment facilities, community based residential or non-residential programs, staff on duty shall notify the Bureau of Court and Community Services (BCCS) Duty Officer who in turn shall notify the Deputy Administrator for Court and Community Programs or his/her designee.
3. Attempts shall be made to contact the On-Call Administrator or Duty Officer by phone. If unavailable the appropriate Deputy Administrator shall be notified by cellular phone or pager.

**VI. AUTHORITY**

In accordance with the Mayor's Reorganization Plan No. 3 of 1968 and DHS Organization Order 154 dated July 8, 1987, the responsibility and authority of this policy is vested in the Youth Services Administration.

**VII. RESPONSIBILITY**

The Deputy Administrator for Secure Programs and the Deputy Administrator for Court and Community Programs are responsible for implementing this policy.

**VIII. INTERPRETATION**

The Youth Services Administrator is responsible for interpreting and making any exceptions to this policy.

**IX. REFERENCES**

American Correctional Association Standards  
3-JTS-3A-18

Approved By: Youth Services Administrator	Gayle L. Turner
Signature:	



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# Unusual Incidents & After Hours Emergencies Protocol

Department of Youth Rehabilitation Services  
(DYRS)

December 18, 2006

## DYRS Unusual Incidents & After Hours Emergencies Protocol

### A. Unusual Incidents: Monday-Friday 8:15AM - 4:45PM

Any Community-Based Residential Facility/Program, when involved or confronted with an unusual incident (UI), MUST:

- Notify DYRS immediately by calling 202.724.6665 or 202.724.2284.

The DYRS staff person who receives the call MUST:

#### Call Receipt

1. Log Date and Time of Call
2. Record all relevant information: name of caller, nature of Unusual Incident (UI); exact site where incident occurred; and on-site action taken in response to UI (i.e. were police, ambulance, etc. summoned)
3. Connect caller to appropriate manager or office
4. Provide caller with specific contact information and direction on handling the UI
5. Instruct caller to fax a copy of the UI Report to 202-727-9985

#### Call Termination

1. Complete log documentation (includes actions or recommendations given the caller)
2. Forward the UI report and log data to the Quality Assurance Unit (QAU) within one (1) hour of the initial call (or prior to shift ending)

Quality Assurance Unit Must:

1. Review and disseminate UI report to appropriate designee in the Office of the Chief of Committed or Detained services; Monitor(s), and/or Facility, within one (1) business day.

### B. After Hours Emergencies (Unusual Incidents)

After hour incidents are those which occur Monday through Thursday, 4:45PM to 8:15AM; Friday, 4:45PM to Monday, 8:15AM and all day on holidays. An Emergency is any Unusual Incident that occurs after hours.

Any Community-Based Residential Facility/Program, when involved or confronted with an after hour emergency/major UI, MUST:

- Notify DYRS immediately by calling 202. 576.5178.



The DYRS staff person who receives the call MUST:

- Notify the Duty Officer (monthly designated DYRS Executive or Manager) if an emergency occurs that requires police presence, paramedics, an ambulance, and/or the Fire department at a DYRS facility. For all other emergency/UI calls the DYRS staff person receiving the call MUST:
  1. Make a determination as to whether the emergency/UI requires immediate notification to, or action/response by, the duty officer. Factors to be considered are:
    - a. Is the situation a real emergency or an unusual incident that has already been resolved?
    - b. Does the situation warrant an action only a person in a decision-making capacity can make happen?
    - c. Are there outstanding physical or mental issues?
    - d. Can the paperwork and any other follow-up tasks take place within "regular" working hours?
  2. Complete log documentation (includes actions or recommendations given the caller)
  3. Forward the UI report and log data to the Quality Assurance Unit (QAU) within one (1) hour of the initial call (or prior to shift ending)



Quality Assurance Unit Must:

1. Review and disseminate UI report to appropriate designee in the Office of the Chief of Committed or Detained services; Monitor(s), and/or Facility, within one (1) business day

#### Important Numbers

To report UI between the hours of M-F, 8:15AM-4:45PM	
WHO	Contact #
Community-Based Residential Facility/Program	(202) 724-6665 or (202) 724-2284 450 H Street Location
DYRS Staff	(202) 727-9985 (fax)
To report After Hours Emergencies M-Th, 4:45p to 8:15a; Fri. 4:45PM – Mon. 8:15AM, and all holidays	
WHO	Contact #
Community-Based Residential Facility/Program	(202) 576-5178 (hotline to YSC Control Center located at 1000 Mt. Olivet Rd, NE. )

# Unusual Incident Collection Check List

Due	Task/Description	Done
		
_____	Name (s), age(s), and charge(s) of the youth(s) involved	_____
_____	Name(s) of the person calling in the UI	_____
_____	Name of the facility/program	_____
_____	Were there any injuries? If yes, did the injured party receive medical attention? Where and by whom?	_____
_____	Is there property damage? If yes, where is the damage? Extent of damage? Are staff and youth accounted for and all right?	_____
_____	Has an Unusual Incident report been completed?	_____
_____	Abscondence: Has the request for an Order of Custody been completed and faxed to all appropriate parties?	_____
_____	If a youth returns from an abscondence, has the request to Withdraw the Order of Custody been completed and faxed to all appropriate parties?	_____
_____	Are there any extenuating/mitigating circumstances involving the youth/staff/facility involved in the incident? (Includes medical or mental health issues, provoking situations/persons, environmental issues/situations, or extenuating circumstances)	_____



**Most Frequently Encountered  
Emergencies/Unusual Incidents**

Abscondences and curfew violations

Fights and assaults involving resident on resident

Facility problems – loss of heat, power, gas, rain damage, etc.

Resident accruing a new law violation

Unauthorized visitor

Community incident

Verbal/Physical threats

Police visits/inquiries

Fire damage/fire setter incident

Others?:

**DEPARTMENT OF YOUTH REHABILITATION SERVICES  
COMMITTED AND DETAINED SERVICES ADMINISTRATIONS**  
NON-GOVERNMENT FACILITIES, RESIDENTIAL PROGRAMS AND COMMUNITY BASED PROVIDERS  
SERVING COMMITTED AND DETAINED YOUTH

**COMMUNICATION/NOTIFICATION SHEET**

Type of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_ Name of Youth (If Applicable) \_\_\_\_\_

Name of Facility & Person Making Notice \_\_\_\_\_ Date/Time \_\_\_\_\_

Name of Official or Agency	Telephone Number	Person Notified	Time	Remarks
Police, Other Emergency Authorities	911/311			
DYRS, Committed and Detained Services				
M-F 8:15 -4:45 Telephone Contact:	(202) 724-6665 or (202) 724-2284 (Leave a thorough description of UI)			
M-F 4:45pm - 8:15am, Weekends & Holidays Telephone Contact:	(202) 576-5176			
Additionally ALL Abscond Notifications (Please fax ALL Juvenile Absconder Request and Withdrawal of Custody Orders to The Absconders Unit) Fax Contact :	(202) 508-1731			

The DYRS will notify the Mayor's Command Center and the Office of Inspection and Compliance when warranted. The Mayor's Command Center will inform the DYRS Director on weekends and after 4:45 p.m. Monday -Fridays.

An Unusual Incident Report must be completed prior to end of the tour and immediately faxed (with the Notification Sheet attached) to the Department of Youth Rehabilitation Services, Division of Court and Community Programs at (202) 727-9985.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Youth Rehabilitation Services**  
**UNUSUAL INCIDENT (UI) REPORT**

**Reporting Information**

Facility/Program:	Location:
Reporter:	Title:
Reporter:	Title:
Date of Incident:	Time of Incident:
Date Reported:	Time Reported:
DYRS Contact:	

**Type of Incident**

Death	Youth on Staff Assault	Restraint
Fire	Youth on Youth Assault	Fight (2 or More Youth)
Hostage Taking	Suicide Attempt	Accidental Injury
Riot	Felony Arrest (Staff)	Staff Discipline
Reported Crimes	Attempted AWOL/abscondence	Other:
Attempted Escape	AWOL /Abscondence	
Escape	Other: (Inappropriate Sexual Behavior)	
Alleged Child Abuse		
Serious Injury or Illness (Youth)		

**Youth Data**

Name	Social File Number	Sex	Race	Date of Birth	Date of Placement
1.					
2.					
3.					
4.					

**Description of Incident** (In the space below describe the who, what , when, where and how of the incident. Use additional sheets/attachments if necessary.)


**Actions Taken** (Indicate steps taken to address the incident and include notifications to other persons/agencies.)


**Note:** If necessary attach a separate sheet for additional information.



**REQUEST FOR THE ISSUANCE OF A CUSTODY ORDER FOR A  
JUVENILE/NEGLECT ABSCONDER**

**District of Columbia - Department of Youth Rehabilitation Services**

To: Superior Court of the District of Columbia Family Division Juvenile/Neglect Branch 500 Indiana Ave. NW Room 4310 Washington, DC 20001 <b>Phone: 202-879-1319 Fax: 202-879-0099 ; Back up Fax: 202-737-0807</b>		Date: _____  Time: _____					
Respondent's Name: (Last, First, Middle Initial)	Docket Number:	Social File Number:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Race: _____</td> <td style="width:50%;">Height: _____</td> </tr> <tr> <td>DOB: _____</td> <td>Weight: _____</td> </tr> </table>	Race: _____	Height: _____	DOB: _____	Weight: _____
Race: _____	Height: _____						
DOB: _____	Weight: _____						
Respondent's Home Address and Telephone Number:							
Parents' /Guardians' Name, Address and Telephone Number:							
Name, Address and Telephone Number of Facility From Which Respondent Absconded:							
Date and Time of Absconding:							
Is the respondent a suicide risk? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain.							
Does the respondent have any health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the respondent taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to any of these questions is yes, please explain.							
Special Instructions: (Places Frequented; Regular Companions; Boyfriend/Girlfriend; Visible Scars; etc.							
Name, Address and Telephone Number of Respondent's Attorney:							
Custody Order Requested by: <table style="width:100%;"> <tr> <td style="width:33%;"><u>Printed Name:</u></td> <td style="width:25%;"><u>Signature:</u></td> <td style="width:25%;"><u>Phone Number:</u></td> <td style="width:17%;"><u>Date:</u></td> </tr> </table>				<u>Printed Name:</u>	<u>Signature:</u>	<u>Phone Number:</u>	<u>Date:</u>
<u>Printed Name:</u>	<u>Signature:</u>	<u>Phone Number:</u>	<u>Date:</u>				
Supervisor of Requestor: <table style="width:100%;"> <tr> <td style="width:33%;"><u>Printed Name:</u></td> <td style="width:25%;"><u>Signature:</u></td> <td style="width:25%;"><u>Phone Number:</u></td> <td style="width:17%;"><u>Date:</u></td> </tr> </table>				<u>Printed Name:</u>	<u>Signature:</u>	<u>Phone Number:</u>	<u>Date:</u>
<u>Printed Name:</u>	<u>Signature:</u>	<u>Phone Number:</u>	<u>Date:</u>				
<b>Fax to DYRS Committed Services at 202-727-9985</b> <b>Fax to Office of Attorney General at 202-727-3745</b>							

EXHIBIT A

Revised: 5/18/06



**REQUEST TO QUASH CUSTODY ORDER FOR A  
JUVENILE/NEGLECT ABSCONDER  
District of Columbia - Department of Youth Rehabilitation Services**

To: Superior Court of the District of Columbia Family Division Juvenile/Neglect Branch 500 Indiana Ave. NW Room 4310 Washington, DC 20001 <b>Phone: 202-879-1319 Fax: 202-879-0099 ; Back up Fax: 202-737-0807</b>			
Respondent's Name (Last, First, Middle Initial)	Docket Number	Social File Number	Date of Birth
Date Custody Order Issued:			
Facility Requesting the Withdrawal of the Custody Order:			
Address of Facility:			
Telephone Number of Facility:			
Circumstance Surrounding Reason for the Withdrawal:			
Name and Telephone Number of Social Worker:			
Name and Telephone Number of Respondent's Attorney:			
Withdrawal of custody Order Request By: <div style="display: flex; justify-content: space-between;"><div><u>Printed Name:</u></div><div><u>Signature:</u></div><div><u>Phone Number:</u></div><div><u>Date:</u></div></div>			
Supervisor of Requestor: <div style="display: flex; justify-content: space-between;"><div><u>Printed Name:</u></div><div><u>Signature:</u></div><div><u>Phone Number:</u></div><div><u>Date:</u></div></div>			

- ☐ Please, present the child for a hearing before me on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.
- ☐ Quash Custody Order; no hearing necessary

Revised: 5/18/2006

EXHIBIT C

\_\_\_\_\_  
JUDGE'S SIGNATURE

Department of Human Services  
Youth Services Administration (Appendix A)

Incident Notification Form

1. Name of Facility/Program:

2. Incident Date:	3. Incident Time:
4. Location:	5. Activity:
6. Reported:	7. Title:
8. Reported To:	9. Title:
10. Report Date:	11. Report Time:

12. Reportable Incident Types

	CLASS I		CLASS II		CLASS III
	Death		Youth on Staff Assault		Fight (2 or More Youth)
	Fire		Youth on Youth Assault		Accidental Injury
	Hostage Taking		Staff on Youth Assault		Staff Discipline
	Riot		Suicidal behavior, no injury		Damage to property (excess of \$1000)
	Reported Crimes		Felony Arrest (Staff)		Theft (excess of \$500)
	AWOL From Furlough		Felony Arrest (Youth)		Inappropriate sexual behavior
	Escape/Attempted Escape (secure facilities only)		AWOL/Abscondence		Illegal drug/alcohol seized
	Suicide Attempt (with injury)		Attempted AWOL/Abscondence		Possession of Contraband
	Alleged Child Abuse		AWOL/Escape Apprehension		Other:
	Serious Injury or Illness (Youth)		Other:		
	Serious Work Related Injury (Staff)				

13. Data							
Name		Social File No.	Sex	Race	Court/Judge	Most Serious Charge/Offense	Date of Placement
1							
2							
3							
4							

14. Incident Description (In the space below or use additional pages, describe the “who,” “what,” “when,” “where,” and “how” of the incident, including any staff actions, disciplinary action and/or notification of outside agencies.):



DEPARTMENT OF HUMAN SERVICES  
YOUTH SERVICES ADMINISTRATION – YSA Policy 1.14 (Appendix B)

**Incident Notification Form Instructions**

1. *Type or legibly print the name of the facility* (institution, group or shelter home, program) responsible for the care, custody and treatment of the youth(s) involved in the incident.
2. *Incident date* is the date the actual reportable incident occurred.
3. *Incident time* is the time the actual reportable incident occurred or was alleged to have occurred.
4. *Location* is the actual or alleged location, i.e., name of place and/or address where the incident occurred.
5. *Activity* is the actual or alleged activity occurring at the time of the incident, i.e., home pass, school, free time, etc.
6. *Reported by* is the name of the person completing the incident notification form.
7. *Title* is the title or position of the person making the report.
8. *Reported to* is the name of the person to whom the person making the report talked to regarding the alleged incident.
9. *Title* is the title or position of the person to whom the report was/is being made.
10. *Report date* is the date that the incident notification form is completed.
11. *Report time* is the time that the incident notification form is completed.
12. *Reportable incident types* – check the appropriate box (es), which best describes the incident.
13. *Data* –self explanatory except, Court means name of Judge who ordered placement and Date of Placement means date youth was placed or entered at your facility.
14. *Incident Description* – means complete written details of an incident that addresses “who, what when, where and how.”

**CLASS I**

**Death** – means the death of a youth, placed and in the custody of a YSA operated or contracted facility.

**Fire** – means a serious fire that causes the premises to be evacuated, uninhabitable, and significant damage to the facility, dwelling, etc.

**Hostage taking** – means the youth(s) have taken youth or staff hostage and outside law enforcement have to be called to negotiate, remedy the situation.

**Riot** – means more than one youth’s behavior is creating a major disturbance and outside law enforcement have to be called to remedy or quell the situation.

**Reported Crimes** – means new crimes w which the assigned youth is alleged to have been involved with during placement or participation in the program, facility, etc. Or new crimes for which the assigned youth is now being charged with while in placement/program.

**AWOL from furlough** – means a youth from a **secure or non-secure** facility/placement has absconded during a home visit or while away from the facility without direct supervision of program/facility staff.

**Escape/Attempted Escape** – means a youth(s) has runaway from a **secure** facility/institution or means a youth has attempted to runaway from a secure facility/institution.

**Suicide Attempt** – means any attempt by a youth do self-harm that requires medical attention.

**Alleged Child Abuse** – means all reports verbal or otherwise of harm to a youth, to include verbal threats, mental stress and physical abuse.

**Serious Injury or Illness (Youth)** – means all injuries or illness that results in the need for serious medical attention or hospitalization. (Ambulance) etc.

**Serious Work Related Injury (staff)** – means all injuries or illness that results in the need for serious medical attention (Ambulance) etc.

## ***CLASS II***

**Youth on Staff Assault** – means any attack on staff that results in serious physical injury or hospitalization.

**Youth on Youth Assault** – means any attack on youth that results in serious physical injury or hospitalization.

**Felony Arrest (staff)**– means arrest by any law enforcement agency for committing a felony.

**Attempted AWOL/Abscondence**- means a youth from a **non- secure** facility/placement has attempted to run away.

**AWOL/Abscondence**- means a youth from a **non-secure** facility/placement has run away or failed to return at the designated time.

**Other**- means any incident that will result in embarrassment, (media attention) or potential harm to youth or staff.

## ***CLASS III***

**Fight (2 or More Youth)** – means a physical altercation between two or more youth that results in injury requiring emergency medical attention.

**Accidental Injury** – means any accident that results in serious injury and emergency medical (Ambulance) is needed.

**Staff Discipline** – means any written, corrective action issued by a supervisor to a subordinate.